



# SECOND YEAR CONFIRMATION

## REGISTRATION FORM

P.O. BOX 627 Rome, NY 13442-0627

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

(Mailing Address)

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ NY Zip: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Cell Phone #: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's **Maiden** Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Cell Phone #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Parish in which you are registered: \_\_\_\_\_

Parish in which student was baptized: \_\_\_\_\_

**Please use the back of this form to explain medical conditions or to note special considerations for your child.**

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### (FOR OFFICE USE ONLY)

Baptism Date \_\_\_\_\_ Saint's Name \_\_\_\_\_

Sponsor's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Sponsor's Address \_\_\_\_\_

Street

City & State

Sponsor's Home Parish \_\_\_\_\_

Parish

City & State