

# FAITH FORMATION REGISTRATION FORM

STUDENT FULL NAME: \_\_\_\_\_

Name the student goes by: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ Catholic  
( ) yes ( ) no

MOTHER'S NAME (Maiden): \_\_\_\_\_ ( ) yes ( ) no

REGISTERED IN PARISH: ( ) yes ( ) no

STUDENT BAPTIZED: ( ) yes ( ) no

Church: \_\_\_\_\_ City: \_\_\_\_\_

Date: \_\_\_\_\_