ST LOUIS KING OF FRANCE

REGISTRATION FORM

Must be completed and turned in at September 14th Orientation Meeting.

Name:					
	First	Middle		Last	
Candidate Phone:					
	Home		Mobile	Mobile	
Home Address:					
	Street		City	Zip	
Date of Birth:		Place of Birth:			
	(MM/DD/YYYY)	<u>-</u>		City / State	
Candidate Email:_					
School Attended 9t	th & 10th Grade:_				
School Attending N	Jow (11th/12th G	rade):			
8 -	(11011) 11011 0				
Father's Name:					
rather 8 Name	First	Mai	den Name	Married Name	
Father Contact #'s			M.1.11.		
B 4 B 4	Home		Mobile	Work	
Father's Email:					
Mother's Name:					
	First	Maio	den Name	Married Name	
Mother Contact #'s	s:				
	Home		Mobile	Work	
Mother's Email:					
Church of Baptism: Date of Baptism:				1:	
				Month/Day/Year	
Baptism Church A	ddress:				
1		Street	City	State Zip Code	
Church of 1st Com	ımıınion·		7	Year:	
			•		
		ol lotti	0.1		
Church Office Only:					
Confirmation Name	In Parish?				
Sponsor's Name:					
Payment Made:	Churc	h of Baptism:			