

**St. Joseph, Key West  
Confirmation Program Registration Form**

**Candidate Information**

**Baptismal Name**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth (Must be in high school) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (if applicable): \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact (circle one):    Home Phone    Cellphone    Email

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

Year of Graduation from High School: \_\_\_\_\_

**Place of Baptism**

Name of parish where your child was Baptized : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Date of First Eucharist: \_\_\_\_\_

**Please staple a copy of your child's Baptismal Certificate to this registration form if he/she was not Baptized at St. Joseph Key West or Holy Family, New Melleray. This is required before the first class.**

*(continue on reverse side)*

Revised: June 2023

**Parent Information:**

**Baptismal Name of Father** *(Please print)*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_

**Baptismal Name of Mother** *(Please print)*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_