

**Holy Ghost Parish
Confirmation/ High School Youth Group Registration Form**

Please note: ***Only registered members of Holy Ghost can be prepared to receive this Sacrament of Initiation at Holy Ghost.

Student: _____		
Last Name	First	Middle
Address: _____		
City: _____	State: _____	Zip: _____ Phone: (____) ____ - ____
Email: _____		
School Currently Attending: _____		Current Grade: _____
Sex: ___M___F	Date of Birth: ____/____/____	Place of Birth: _____
Date of Baptism: ____/____/____	Copy of Baptismal Certificate attached: ____ yes ____ no	
Church of Baptism: _____		
Address: _____	City, State, Zip: _____	
Penance/Reconciliation: _____		
Eucharist: _____		

1. CANDIDATE INFORMATION

Church Parish: _____ Registered: ____ yes ____ no ID # _____ On Envelopes

2. FAMILY INFORMATION

Father's Full Name: _____

Email: _____

Cell/Work/Home Phone: _____

Mother's Full Name (Including MAIDEN NAME): _____

Email: _____

Cell/Work/Home Phone: _____

3. FEES: \$35 ANNUAL for each child. Please make check payable to Holy Ghost Youth Group.