

ST. JOSEPH UNIVERSITY PARISH
Rite of Christian Initiation for Youth 2018-19
For children older than age 7 but younger than 18

PLEASE FILL OUT COMPLETELY:

YOUR NAME _____

BIRTHDATE _____ SCHOOL GRADE _____

FATHER'S NAME _____
Last First

MOTHER'S NAME _____
Last First Maiden

PLEASE INDICATE HOW YOU WOULD LIKE MAIL ADDRESSED:

NAME _____

ADDRESS _____

CITY/TOWN _____ ZIP CODE _____

PHONE NUMBER(S) _____

E-MAIL(S) _____

(To be used for Class information and reminders, will not be shared)

HAVE YOU BEEN BAPTIZED? YES NO (please circle only one)

If yes: CITY, STATE _____ DATE OF BAPTISM _____

***IF YOUR CHILD WAS NOT BAPTIZED AT ST. JOSEPH UNIVERSITY PARISH,
A COPY OF THEIR BAPTISMAL CERTIFICATE WILL BE NEEDED AT REGISTRATION**

HAVE YOU MADE YOUR 1ST RECONCILIATION? YES NO (please circle only one)

HAVE YOU MADE YOUR 1ST EUCHARIST? YES NO (please circle only one)

HAVE YOU MADE YOUR CONFIRMATION? YES NO (please circle only one)

PLEASE PRINT NAME AS YOU WOULD LIKE IT ON THE CERTIFICATES
