



# CONFIRMATION REGISTRATION FORM

St. Peter the Fisherman Catholic Parish

3201 Mishicot Rd. Two Rivers, WI 54241

Phone: Debra Rahn (920)793-8067 x 112 - Tom Tomaszewski (920)242-3047

*Please print. Return to parish office as soon as possible.*

*This form is separate from the Religious Education form you may have already filled out.*

## **\*\*Teen Information\*\***

Teen's Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Sex: M F Cell Phone: \_\_\_\_\_

Teen's E-mail Address (required) \_\_\_\_\_

School Attending in 2018/19: \_\_\_\_\_ Grade in 2018/19: \_\_\_\_\_

Student's Parish (registered at): \_\_\_\_\_

## **\*\*Sacraments\*\* (Note- We can find the date if you know the parish.)**

|                            | Date:          | Church where performed: | Street & City Address of Church: |
|----------------------------|----------------|-------------------------|----------------------------------|
| Baptism:                   | ____/____/____ | _____                   | _____                            |
| 1 <sup>st</sup> Recon:     | ____/____/____ | _____                   | _____                            |
| 1 <sup>st</sup> Eucharist: | ____/____/____ | _____                   | _____                            |

## **\*\*Parent Information\*\***

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
First Last First Last

Maiden name: \_\_\_\_\_

Address: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email (required): \_\_\_\_\_ Email (required): \_\_\_\_\_

Parish/Church: \_\_\_\_\_ Parish/Church: \_\_\_\_\_

Marital Status: Single Married Divorced Separated Widowed Address mail to: Father Mother Both Other

## **Along with the return of this form we will need:**

☐ Copy of baptismal certificate ☐ \$60 Sacrament fee (if not already paid during R.E. registration)

Make check payable to St. Peter the Fisherman.

Mail check, form, and copy of baptismal certificate to Debra Rahn, 3201 Mishicot Rd, Two Rivers, WI 54241

**\*For Office Use Only:** Spreadsheet: \_\_\_\_\_ Computer Year: \_\_\_\_\_ Paid in full \_\_\_\_\_ Ck.# \_\_\_\_\_

Date Check Rec'd \_\_\_\_\_ Computer (family) \_\_\_\_\_ Computer ( Tuition) \_\_\_\_\_ Computer Code: \_\_\_\_\_