



ST. PETER'S
EPISCOPAL CHURCH
EST. 1868

Youth Confirmation Registration Form

Please complete the following information form and return it to the Church Office.
This form can be returned by mail, fax, email, or in person at the Church.

Please print legibly.

Full Baptismal Name: _____

(Nickname/preferred name): _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Place of Baptism: _____

Denomination of where Baptism took place: _____

Learning disability Yes No

If yes please describe: _____

Food allergies: _____

Student's email address (for office use only) : _____

Student's cell phone (for office use only): _____

Full Name(s) of Parent(s)/Guardian(s): _____

Home address: _____

Home phone: _____ Cell phone: _____

Email address(es): _____

Name of Mentor/Godparent (if known): _____

Are you and your family registered members of St. Peter's? ____Yes ____No

If no, would you like to become members? ____Yes ____No

If yes, please fill out the attached new member form.

Other important information you would like us to know to support your child and family:
