



Confirmation Registration 2022-2023

Student's Name (First, Middle, Last)

Birth Date (Month, Day, Year) _____

Place of Birth: _____ **City/State:** _____

Gender (Circle): M F **Grade Fall 2022:** _____

Phone: _____

Sacraments already received -please indicate date, name of Church, and location

Baptism Date: _____

Parish: _____ **City/State** _____

1st Reconciliation/Eucharist

Parish: _____

Family name: _____

Father: _____ Mother: _____

Father's Religion: _____ Mother's Religion: _____

Mother's Maiden Name: _____

Date/Location of Marriage (if applicable) _____

Home Address: _____

Primary Phone: _____ Email Address: _____

Are the parents the primary guardians of the 11th grader? Yes No Other _____

Is there any other information we should know? _____

Please drop this form and the \$20 sacramental preparation fee in the drop box in St. Raphael School hall or mail to Raquel Kieper by October 15th.

If you have any questions please call or email Raquel Kieper at 507-723-4137 or straysfaithformation@gmail.com