

**Application for St. Kevin/ St. Benedict
Confirmation Program
Please Print**

Student Name: _____

Address: _____

Parent Home Phone: _____ Parent email _____

Parent Cell Phone: _____ Parent Cell Phone: _____

DOB: _____ Grade: _____ School Attending: _____

Parish: _____

Father's Full name: _____

Mother's full **maiden name**: _____

Month, Day, & Year of Baptism: _____

Complete address of the church where you were baptized : _____

**PLEASE ATTACH A COPY OF YOUR BAPTISMAL
CERTIFICATE WITH THIS FORM WHEN YOU REGISTER**

For Office Staff Only

Fee: \$35 (fee waived for St. Benedict families)

Date Paid _____

Check

Cash