

**CONFIRMATION REGISTRATION FORM: 2023-2024**  
**Saint Jerome Catholic Church, 308 Carmel Avenue, El Cerrito, CA 94530**

**DOCUMENTS:**

**BAPTISM CERTIFICATE:** A NEW Baptism Certificate must be submitted. It must be attached to this registration form when the form is submitted to the Parish Office.

**Baptism Certificate received and attached?      By:** \_\_\_\_\_

**FIRST COMMUNION CERTIFICATE:** A clear copy of an existing certificate is OK.

**FEE: \$150.00      Cash (ask for receipt) \_\_\_\_\_      Check Number(s) \_\_\_\_\_ \***

**\*Please attach a copy of any check(s) to this Registration Form.**

**DATE FEE PAYMENTS COMPLETED: \_\_\_\_\_ By: \_\_\_\_\_**

**PLEASE, NEATLY PRINT ALL INFORMATION. THANK YOU!**

E-mail OK? Yes  No

Candidate's E-mail (if any) \_\_\_\_\_

Texting OK? Yes  No

Candidate's Phone (if any) \_\_\_\_\_

Candidate's Last Name \_\_\_\_\_

Candidate's First (and Middle Name) \_\_\_\_\_

Date of Birth (Spell out the month) \_\_\_\_\_

Age \_\_\_\_\_ Grade in September 2023 \_\_\_\_\_

Name of High School \_\_\_\_\_

Place of Baptism (Church, City, State) \_\_\_\_\_

Date of Baptism (Spell out the month) \_\_\_\_\_

Place of First Communion  
(Church, City, State) \_\_\_\_\_

Date of First Communion \_\_\_\_\_

Current Home Address \_\_\_\_\_

Parents: Father's Full Name \_\_\_\_\_  
Mother's Name (Maiden) \_\_\_\_\_

**EMERGENCY OR URGENT CARE INFORMATION**

Home Phone (Land Line, if any) \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parents' E-mail \_\_\_\_\_

Emergency Contact: Names \_\_\_\_\_

and Phone Numbers \_\_\_\_\_

Please list any allergies, medical conditions, or special needs that we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SERVICE / MINISTRY HOURS**

The candidate is required to complete service hours across a variety of options to be explained in the Youth Confirmation Program. There is a deadline for these service hours to be completed.

**Parental Acknowledgement (signature)** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OFFICE USE ONLY**

**Service Hours completed?** Yes  No  **Attested By:** \_\_\_\_\_

**Patron Saint:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_

**Mass Attendance:** \_\_\_\_\_