ST. JUSTIN PARISH COMMUNITY

Rite of Christian Initiation for Adults [adapted for children]

Registration Form 2010-2011

Child Information

Full Name

_____

Last First Middle

Address:

_____

Street

_____

City State Zip

Gender: Male Female (circle one) Grade: 2nd 3rd 4th 5th 6th 7th 8th HS (circle one)

Name of School:_____

Date of Birth: _____ Place of Birth _____

City/State or Country

Godparents:: _____ _____

Family Information

Father Full Name _____

Religion _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-Mail : _____

Mother Full Maiden Name _____

Religion _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-Mail : _____