



**St Francis of Assisi Parish**  
**1815 S 8th Ave**  
**Yuma, AZ 85364**  
**(928)782-1875**

**Donation Fee 1st Year \$75.00**  
**2nd Year \$75.00**  
( ) Paid Date: \_\_\_\_\_  
**Baptismal Certificate:**  
( ) Recv'd Date: \_\_\_\_\_  
**First Communion Certificate:**  
( ) Recv'd Date: \_\_\_\_\_

**TEEN CONFIRMATION REGISTRATION 2024-2025**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Registering for? \_\_\_\_ 1st Year \_\_\_\_ 2nd Year

**Candidate's name in full as it appears on their Baptismal Certificate:**

\_\_\_\_\_

**Name Candidate wishes to use during Confirmation Classes (If Different):**

\_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex: Male Female**

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

Must have valid email address in order to be registered for the Sacrament

**BAPTISM INFORMATION:**

**Baptism Date:** \_\_\_\_\_ **Church:** \_\_\_\_\_

**City & State:** \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

**Mother's Full Maiden Name:** \_\_\_\_\_

**FIRST HOLY COMMUNION INFORMATION:**

**First Holy Communion Date:** \_\_\_\_\_

**Church:** \_\_\_\_\_

**City & State:** \_\_\_\_\_

**NOTE: AN ORIGINAL COPY OF THE CANDIDATE'S BAPTISMAL CERTIFICATE AND FIRST HOLY COMMUNION CERTIFICATE IS REQUIRED WITH THIS FORM IN ORDER TO ENROLL.**