

**ST. RAPHAEL'S CHURCH  
CONFIRMATION & LIFE TEEN PROGRAMS (2009-2010)**

**PLEASE PRINT ALL ANSWERS - BE NEAT**

Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_

Student Name \_\_\_\_\_  
*(Last) (First) (Middle) (Name Used)*

Home Address \_\_\_\_\_  
*(Street) (City) (Zip Code)*

Phone Numbers \_\_\_\_\_  
*(Home Phone) (Father's Work Phone) (Mother's Work Phone)*

\_\_\_\_\_  
*(Students Cell Phone) (Father's Cell Phone) (Mother's Cell Phone)*

Birthplace of Student \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*City, State (& country if outside USA) MM/DD/YY*

Students Email Address \_\_\_\_\_  
Male Female

Parents Email Address \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Student Lives with: \_\_\_\_\_  
*(Check one) Both Parents Mother Father*

High School Attending: \_\_\_\_\_ Grade \_\_\_\_\_  
*2009-2010 School Year*

MEDICAL PRECAUTIONS \_\_\_\_\_  
*Allergies, Medical Conditions, Inclusion in Special Education Classes at School*

DOCTOR/CARE CENTER \_\_\_\_\_ PHONE \_\_\_\_\_

PARISH WHERE REGISTERED \_\_\_\_\_

Student's Prior Religious Education:  
Catholic School - Grades \_\_\_\_\_ Rel. Ed. - Grades \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
*(Biological/Legal) Last First (Biological/Legal) Last First*

Parent's Religion: \_\_\_\_\_  
*Mother Father*

**Sacrament Record - COPY OF BAPTISMAL RECORD and FIRST COMMUNION RECORD MUST BE PROVIDED.**

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

**First Communion - Date** \_\_\_\_\_ **Church:** \_\_\_\_\_

**Please complete the other side.**