

**OUR LADY OF GUADALUPE PARISH
YOUTH MINISTRY OFFICE**

345 Anita St. Chula Vista, CA 91911
(619) 941-1859

NEW STUDENTS

Confirmación



Please Print student's Information:

Registration date: _____

Last Name: _____ First Name: _____ Male(____) Female(____)

Address: _____ City _____ Zip Code _____

Ph. #: ____/____/____ Cell/Pager: _____ E-mail _____

Birth Date: ____/____/____ Place of birth _____

Primary language at home: () Spanish () English Other: _____

STUDENT'S SACRAMENT INFORMATION:

Date of Baptism : ____/____/____ Name and City of the Church: _____

Date of First Communion: ____/____/____ Name and City of the Church: _____

Did the student attend catechism last year? Yes () No ()

Name and City of church _____ Catechist's Name: _____

Does the family attend Mass? _____ Where? _____

PARENT'S INFORMATION:

Father's Name: _____ Religion _____

Occupation: _____ Work number: ____/____

Baptized - Yes () No () First Communion - Yes () No () Confirmation - Yes () No ()

Mother's Maiden Name: _____ Religion _____

Occupation: _____ Work number: ____/____

Baptized - Yes () No () First Communion - Yes () No () Confirmation - Yes () No ()

Marital Status: Civil () Church() Single() Divorced () Separated () Other _____

Date of Marriage by Church _____

Church and City of Marriage: _____

Child lives with: Father () Mother () Both () Stepparent () Other: _____

In case that the Parents are not the legal guardians of the student, please fill the following:

Legal Guardian's Name: _____ Relationship _____

Occupation: _____ Work number: ____/____