

St. Michael the Archangel Catholic Church

8014 State Road 52 ♦ Hudson, Florida 34667-6763 ♦ 727-868-5276

Confirmation Preparation Class Registration Form

Student's Name: _____
First Middle Last

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Maiden

Address: _____

Phone Number: _____

E-Mail Address: _____

Student's Date of Birth: _____

Student's Place of Birth (city/state): _____

Student's Church of Baptism: _____

City/State of the Church of Baptism: _____

Office Use Only:

Fee: \$20.00 Cash Check # _____