



# Information Sheet

Welcome to St. Joseph's Youth Group and Faith Development Program. Please fill out this form.

## Youth Group Member Name:

**Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

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

*I have received the following Sacraments:* \_\_\_\_\_ Baptism \_\_\_\_\_ Reconciliation  
\_\_\_\_\_ 1<sup>st</sup> Communion \_\_\_\_\_ Confirmation

**A copy of the certificate for each Sacrament Received is required!!**

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## Parents Names (fill out information that is different from Youth)

**MOTHER:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**FATHER:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_