



Religious Education Office
St. James of the Marches Church
31 Saint James Place, Totowa, New Jersey 07512
Office: 973-790-4860 Fax: 973-790-4644



CONFIRMATION STUDENT INFORMATION
(Please fill out and return by next class)

Name of Candidate: _____

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone: _____ **Student Cell:** _____

Student Email: _____

Age: _____ **Grade:** _____ **School:** _____

Any Food Allergies (if Yes, please provide): _____

Any Medical Condition (if Yes, please provide): _____

List of Sports and Activities: _____

Father's Name: _____

Address (if different from Candidate): _____

Cell: _____ **Email:** _____

Mother's Name: _____

Address (if different from Candidate): _____

Cell: _____ **Email:** _____