St. Brigid of Kildare
Jordan Conference – Registration Form

Name of Child: _____
First **Middle** **Last**

Date of Birth: _____ **City of Birth:** _____

Father's Name: _____ **Catholic:** _____ **yes** _____ **no**

Mother's (Maiden):_____**Catholic:** _____ **yes** _____ **no**

Address: _____

_____**Phone:** _____

(Godparents – One MUST be a practicing Roman Catholic)

Godfather's Name: _____ **Catholic:** _____ **yes** _____ **no**

Godmother's Name: _____ **Catholic:** _____ **yes** _____ **no**

Date of Jordan Conference Session Requested: _____

Date of Baptism Requested: _____

_____
Signature of Parent(s)

Parish Office Use Only

Is the family officially registered in the Parish Census: _____ **yes** _____ **no**

Jordan Conference Instructor's Notes: _____

_____

_____

_____
Signature of Jordan Conference Instructor