

SACRAMENT OF CONFIRMATION FORM

To Confirmation Students: Please complete the following information so that your confirmation may be correctly recorded in our **parish record books**.

This is **NOT A REGISTRATION** for the Confirmation Class

Date: _____

Personal Information:

Name:

Last

First

Middle

Residence Address:

Street / Apartment Number

City

State

Zip

Telephone

Place of Birth:

City

State/Country

Date of Birth:

Baptism:

Date:

Place:

City

State/Country

Church:

Parents:

Father's Name:

Last

First

MI

Mother's Name:

Maiden

First

MI

Sponsor(s):

Confirmation Name:

Office Use ONLY

Baptism Certificate Attached: _____

Confirmation Date: _____

Date Certificate was made: _____

Date put into Register: _____