

APPLICATION FOR SACRAMENT
OF CONFIRMATION

2017-2018

DUE: NOVEMBER 6, 2017



Applicant's First Name: _____ Middle: _____ Last Name: _____

Home Address: _____ City & Zip Code _____

Date of Birth: ____/____/____ Wishes to be Confirmed at Holy Name: YES / NO

School: _____

Cell Phone: (Mom) _____ (Dad) _____

Saint name chosen for Confirmation: _____

RECORD OF BAPTISM

~ALL INFORMATION NEEDS TO BE FILLED IN EVEN IF BAPTIZED AT HOLY NAME~

***Attach a copy of the baptismal certificate (the seal must be visible) if not baptized at Holy Name**

Date of Baptism: ____/____/____ Church of Baptism: _____

Address of Church of Baptism: _____

City, State, Country, Zip of Church: _____

FAMILY INFORMATION

Father's First Name: _____ Last Name: _____

Mother's First Name: _____ Maiden Name: _____

SPONSOR INFORMATION

Sponsor's Name: _____ Relationship to Candidate _____

Sponsor's Address: _____ City, State, Zip: _____

Sponsor's Parish of Confirmation: _____ Date of Confirmation: _____

Sponsor's Current Parish: _____ Phone: _____

Office Use Only

SP _____

S1 _____

CE _____

BC _____

SR _____

SP _____

SH _____

LM _____

I _____