

CONFIRMATION INFORMATION SHEET

RETURN TO THE REL. ED. OFFICE BY: SATURDAY, DECEMBER 16, 2017

PLEASE TYPE OR PRINT CLEARLY:

Name of Confirmation Candidate: (Legal name, please do not use nicknames)

First

Last

Current Mailing Address: _____ **City** _____

Confirmation Saint's Name: _____
(This is the name that will be on the confirmation certificate! Parents, students must agree with the Saint's Name choice.)

Age at Confirmation: _____

Date of Birth: _____

City of Birth: _____

Church of Baptism: _____

***Mailing Address: Church of Baptism:** _____
Street Number and Name

***(MUST INCLUDE ENTIRE ADDRESS)**

City

State, Zip Code

Date of Baptism: _____

Father's Full Legal Name:

First

Middle

Last

Mother's Full Legal Name:

First

MAIDEN NAME

Confirmation Sponsor's Name: _____
First Middle Last