



Registration for the Sacrament of Confirmation

Candidate's name: _____
Last Name First Name (As shown on official documents.)

Candidate's Address: _____

Date of Birth: ____/____/____

Parish: _____ School: _____

Date of Baptism: ____/____/____ Parish* of Baptism: _____

Sacraments received (please check): Reconciliation Eucharist

Mother's name: _____

Mother's Address: _____

Telephone: _____ E-mail: _____

Father's name: _____

Father's Address: _____

Phone Number: _____ E-mail: _____

PLEASE RETURN THIS COMPLETED FORM TOGETHER WITH A COPY OF THE CANDIDATE'S BAPTISMAL CERTIFICATE

*(Note: If the Parish of Baptism *is the same* as the Parish of Confirmation, then the parish will verify the baptismal record and a copy of the Baptismal certificate is not necessary.)

Parish Office Use:

Certificate Verified: Signed: _____ Date: ____/____/____

Submitted Baptismal Certificate Attended Meeting \$50 program offering