

REGISTRATION FOR CONFIRMATION

I hereby signify that I desire to become a candidate for the sacrament Of Confirmation and wish to participate in the Confirmation Program.

Candidate's Name: _____

Candidate's Address: _____

Age: _____ Date of Birth: _____

Parish: _____

Candidate's date of Baptism: _____

Candidate's parish of Baptism: _____

Address of parish of Baptism: _____

City: _____ State: _____ Zip Code: _____

Candidate's Confirmation Name: _____

Names of Candidate's parents: _____

Mother: _____
(Maiden Name) (First Name)

Father: _____
(Last Name) (First Name)

Sponsor: _____
(Last Name) (First Name)

Sponsor's Address: _____

Please return this form to the Parish Religious Education office by:

August 16, 2017 .