

## 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 15, 2018 .**