

# Youth Confirmation Candidate Form

I desire to become a candidate for the Sacrament of Confirmation & wish to participate in the preparation program offered by Epiphany Cathedral



Today's Date: \_\_\_\_\_

Ist Name		Middle		Last Name	
Date of Birth		Age		Male or Female	
Place of Birth		State		Country	
Both Parents' Names (or Guardians)					
Candidate's Street Address					
Mailing Address (If Different)					
City/State/Zip					
Home Phone			Candidate's Cell		
Mom's Cell			Dad's Cell		
Mom's E-mail			Dad's E-mail		

**Baptism Information**—(Copy of Baptismal Form to be attached to this form. If baptized at Epiphany Cathedral, no copy required)

Office Use: Baptism

1. Date of Candidate's Baptism \_\_\_\_\_
2. Candidate's Parish of Baptism: \_\_\_\_\_  
 Address of Baptism Parish: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_
- c. Was Candidate Privately Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, by whom* \_\_\_\_\_
- Birth Mother's Name (Maiden Name) \_\_\_\_\_
- Birth Father's Name \_\_\_\_\_

- Was Candidate Adopted? \_\_\_\_\_ ► Did you receive 1st Communion? \_\_\_\_\_
- Was Name Legally Changed? \_\_\_\_\_ (Example through marriage or adoption, different from baptism) Name \_\_\_\_\_



**Candidate's Signature** \_\_\_\_\_

**Return this form to Deacon Jun and Mrs. Colleen Roca**  
 Epiphany Cathedral • 310 Sarasota Street • Venice, FL 34285 • Phone (941)484-3505 •  
 • FAX (941)488-9333 • Youth Ministry Dept. • [Youth@EpiphanyCathedral.org](mailto:Youth@EpiphanyCathedral.org) •

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