

Disciple Maker Formation - CONFIRMATION INFORMATION FORM

The information below is required by the Archdiocese of Milwaukee for the Sacrament of Confirmation.

Please complete *all* spaces.

Bring this completed form to your Confirmation orientation meeting.

Candidate's Information - Please note we need **FULL** legal name, including middle

Legal Last Name: _____

Legal First Name: _____ **FULL** Middle Name: _____

Address: _____

City / State / Zip: _____

We are members of: Resurrection St. Lawrence St. Peter Other: _____

Date of Birth: ____ / ____ / ____

Shirt Size: _____

Primary Parent E-mail: _____

Secondary Parent E-mail (optional): _____

Confirmation Candidate E-mail: _____

Baptismal Information

*Please indicate at which Cluster Parish (Resurrection, St. Lawrence, St. Peter) your child received Baptism; OR
bring proof of Baptism if Baptized outside the Cluster Parishes.*

Baptismal Date: ____ / ____ / ____

Church & Location: _____

Father's first & last name: _____

Mother's first & **MAIDEN** name: _____

Confirmation Sponsor Information

Confirmation Sponsor's Name: _____

Address: _____

City / State / Zip: _____

Confirmation Sponsor has been Baptized and Confirmed in the Catholic Church? YES NO

Confirmation Saint Name

Your Chosen Confirmation Saint Name: _____