

**TURN IN ON NOVEMBER 25, 2018**

**Confirmation Candidate Information Sheet**

Date: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Candidate Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Candidate Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Names of Parents: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Church in which candidates baptism took place: \_\_\_\_\_

Address of church of baptism: \_\_\_\_\_

Date of baptism: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *Please do not put "on file". Even if St. Joseph is the church of baptism we need the date of baptism.*

All of the above information is needed to properly record your Confirmation at your church of baptism. **Please enclose a copy of your baptismal certificate unless you are sure we have a copy on record. If you are unsure if we have a copy in our files, please call the office (262)662-3317.**

**Candidate, please read and then sign below:**

*I understand that registration signals my desire to prepare for the sacrament of confirmation and that I am making a commitment to complete all aspects of the program prior to receiving the sacrament. I also understand that asking to enter the Christian community fully in a mature faith means that I will follow the rules of the Church.*

Candidate's signature: \_\_\_\_\_