

CONFIRMATION INFORMATION FORM 2024

Due no later than November 3, 2023

	CANDIDATE S FULL NAME:
	(As you want it to appear on your confirmation certificate)
ADDRESS: _	
CONFIRMAT	ION SAINT NAME:
(Note: This ma	ry be the saint for whom you were named at baptism or a favorite patron saint. If you need
more time to d	ecide, leave this blank, and we will remind you before Confirmation).
AGE:	BIRTH DATE:
(As of April 25	
YEAR AND C	CHURCH WHERE BAPTIZED:
	we contact you personally for a baptismal certificate, we already have it, and you don't
need to provid	
FATHER'S FU	JLL NAME:
MOTHER'S F	ULL NAME:
	e Mother's Maiden Name).
PARENTS' PI	REFERRED E-MAIL ADDRESS/ES:
PARENT'S PI	REFERRED PHONE:
SPONSOR'S I	NAME:
SPONSOR'S I	PARISH:
	E-MAIL:

Please return by November 3, 2023 to:
Blessed Sacrament Church, Office of Faith Formation
2409 Dixie Highway, Ft. Mitchell, KY 41017