

REGISTRATION for the SACRAMENT of CONFIRMATION

Candidate's Name _____
(First) (Middle) (Last)

Birth Father's Name _____
(First) (Last)

Birth Mother's Maiden Name _____
(First) (Maiden)

Address _____

City _____ State _____ Zip _____

Whose address is this? Father _____ Mother _____ Both _____

Father's Phone _____
(Home) (Work or Cell)

Mother's Phone _____
(Home) (Work or Cell)

CANDIDATE INFORMATION

Date of Birth _____ City of Birth _____

BAPTISM

Date of Baptism* _____ Church of Baptism _____

Church Address _____

City _____ State _____ Zip _____

*Please submit a copy of baptismal certificate or St. Catherine baptism information with this form.

FIRST COMMUNION

Date of First Communion _____ Church _____

Church Address _____

City _____ State _____ Zip _____

SPONSOR INFORMATION

Name _____ Maiden Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work or Cell _____

Date of Birth _____ Relationship to Candidate _____

Sponsor must be a practicing Catholic.

Parish Membership _____

Parish Address _____

Date of Baptism* _____ Church of Baptism _____

Church Address _____

City _____ State _____ Zip _____

Date of Confirmation* _____ Church of Confirmation _____

Church Address _____ State _____ Zip _____

*Proof of this information is required in the form of a certificate or letter from the church.