

## 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)

Candidate's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

### CANDIDATE INFORMATION

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Please submit a copy of your baptismal certificate if not baptized at St. Catherine, Our Lady of Good Hope, or St. Bernadette.

Date of First Communion \_\_\_\_\_ Church \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_