

Confirmation Candidate Information

Saint Michael the Archangel Parish

Confirmation



PLEASE PRINT

Name _____

Address _____

_____ Zip Code _____

Phone number _____

Age on Confirmation date _____

Father's Name _____

Mother's first name _____ Mother's Maiden Name _____

Confirmation Name _____

Sponsor's Name _____

Baptism:

Church _____

Address _____

_____ Zip Code _____

Date: ____ / ____ / ____