



Confirmation

Saint Olaf Catholic Church Confirmation Registration Form

Candidate's Full Name:

First Name	Middle Name	Last Name
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Address: _____
Street _____

City	State	Zip Code
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Home Phone: _____ Age when Confirmed: _____

Date of Birth: _____ Parent's email: _____

Father's **FULL** Name:

First Name	Middle Name	Last Name
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Mother's **MAIDEN** Name:

First Name	Middle Name	MAIDEN Last Name
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Candidate's Date of Baptism: _____

Were you baptized here at Saint Olaf Catholic Church? Y/N If not, give the name and address of the church where you were Baptized:

Name of Church _____

Street	City	State	Zip Code
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Received First Holy Communion at Saint Olaf? Y/N If NO name of church. _____

YOU WILL HAVE TO get a copy of your Baptismal Certificate from this Church – ASAP

It may be mailed to:
Saint Olaf Catholic Church
276 East 1700 South
Bountiful, UT 84010

Fax:
801-295-8261

Office Use Only

Confirmation (Saint) Name _____

Sponsor's Full Name: _____