

## Registration for the Sacrament of Confirmation

| Candidate's name:              |                    |                        |   |
|--------------------------------|--------------------|------------------------|---|
|                                | Last Name          | First Name             | (As shown on official documents.)                           |
| Candidate's Address            | :                  |                        |   |
| Date of Birth:                 | //                 |                        |   |
| Parish:                        |                    | _ School:              |   |
| Date of Baptism:               | //                 | _ Parish* of Baptism   | :   |
| Sacraments received            | (please check): 🔘  | Reconciliation         | ) Eucharist   |
| Mother's name:                 |                    |                        |   |
| Mother's Address:              |                    |                        |   |
| Telephone:                     |                    | E-mail:                |   |
| Father's name:                 |                    |                        |   |
| Father's Address:              |                    |                        |   |
| Phone Number:                  |                    | E-mail:                |   |
| PLEASE RETURN THIS CO          | OMPLETED FORM TOGE | THER WITH A COPY OF TH | HE CANDIDATE'S BAPTISMAL CERTIFICATE                        |
| •                              | •                  |                        | Confirmation, then the parish will ficate is not necessary. |
| Parish Office Use:             |                    |                        |   |
| Certificate Verified:          | Signed:            |                        | Date://   |
| ○ Submitted Baptisi<br>○ Other | mal Certificate 📿  | Attended Meeting       | ○ \$50 program fee paid                                     |