

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 ○ Other	mal Certificate 📿	Attended Meeting	○ \$50 program fee paid