

REGISTRATION FOR CONFIRMATION

I hereby signify that I desire to become a candidate for the sacrament of Confirmation and wish to participate in the preparation program.

Candidate's Name _____

Age _____ Date of Birth _____

Parish _____

Candidate's Date of Baptism _____

Candidate's Parish of Baptism _____

Address of Parish of Baptism _____

City _____ State _____ Zip Code _____

Candidate's Confirmation Name _____

Names of Candidate's Parents _____

Mother (maiden) _____

Father _____

Sponsor _____

Sponsor's Address _____

Candidate's Address _____

Candidate's Phone _____

Please return this form to your teacher by:
