Saint Christopher Catholic Church

2020 - 2021 Sacrament of Confirmation

A COPY OF THE BAPTISM CERTIFICATE IS REQUIRED *EXCEPT* FOR BAPTISMS AT SAINT CHRISTOPHER

FULL NAME OF CONFIRMATION CANDIDATE AS IT APPEARS ON BAPTISM CERTIFICATE

FIRST _____ MIDDLE _____ LAST _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ STATE _____

FATHER'S NAME _____ ❑ CATHOLIC ❑ OTHER _____ FAITH TRADITION

MOTHER'S NAME _____ ❑ CATHOLIC ❑ OTHER _____ FAITH TRADITION

MOTHER'S MAIDEN NAME _____ PREFERRED EMAIL FOR COMMUNICATION _____

PREFERRED CELLPHONE NUMBER _____

REGISTERD PARISH OF CANDIDATE

(REGISTERED = RECORD OF MEMBERSHIP IS IN A CATHOLIC PARISH)

❑ SAINT CHRISTOHPER ❑ PARISH _____

PARISH OF BAPTISM _____ ❑ CATHOLIC ❑ DENOMINATION _____

MAILING ADDRESS (REQUIRED) _____ DATE OF BAPTISM _____

PARISH OF FIRST HOLY COMMUNION _____ DATE OF FIRST HOLY COMMUNION _____

Small Group Online Sessions - Preference ❑ Weeknight ❑ Weekend ❑ Flexible

(Groups will meet once a month from through May)

Office Use Only:

Confirmation Group Leader: _____ **Session Day:** _____

Session Time: _____