

# **CONFIRMATION RECORD KEEPING FORM**

- You must turn this form January 1 of the year you want to be confirmed
- Please Return to:  
St. Catherine of Siena  
Att: Youth Ministry Office  
1150 W. Centre Avenue  
Portage, MI 49024

## **Candidate Information**

Name of person wanting to receive Confirmation & Date of Birth

\_\_\_\_\_

Place of Birth (City, State) \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Mother Name \_\_\_\_\_

Mother Maiden Name \_\_\_\_\_

Father Name \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Place where Candidate for Confirmation received Baptism:

Name of Church and Address, including State and Zip:

\_\_\_\_\_  
\_\_\_\_\_

Name of Godparents:

\_\_\_\_\_  
\_\_\_\_\_

Approx date baptism received: \_\_\_\_\_

Place where Candidate for Confirmation received First Communion if different than Baptism:

Name of Church and Address, including State and Zip:

\_\_\_\_\_  
\_\_\_\_\_

Approx. date First Communion received: \_\_\_\_\_

**Confirmation Name**

Please pick the name you wish to be confirmed by. This can be your name or you may pick the name of a Saint. If you pick the name of a saint make sure that you have researched them so you know whose life you wish to model.

The name you will be using for Confirmation is \_\_\_\_\_

**Sponsor Information**

Name of person that is to be the Sponsor for Confirmation:

\_\_\_\_\_

Please confirm the following about the Sponsor:

Is not a Parent or Guardian \_\_\_\_\_

Has received Baptism, First Communion, Confirmation \_\_\_\_\_

Is a practicing Catholic \_\_\_\_\_

Has been chosen by the Candidate \_\_\_\_\_

Understands the role a Sponsor is to play \_\_\_\_\_

Is the age of 16 or older \_\_\_\_\_

What is relationship of Sponsor to Candidate? \_\_\_\_\_

**Parent Information**

Please write the religious affiliation of the parent

Mother \_\_\_\_\_

Father \_\_\_\_\_