

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 _____