

CONFIRMATION CANDIDATE INFORMATION FORM

Candidate's FULL Name: _____
FIRST MIDDLE LAST

Father's Name: _____
FIRST MIDDLE LAST

Mother's Name: _____
FIRST MIDDLE MAIDEN

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Candidate's School _____ School District _____

Candidate's Date of Birth: _____

Candidate's Date of Baptism: _____

Candidate's Church of Baptism: _____

Baptism Certificate: (Please check one) _____
(is attached) (will be mailed)

If you do not have a copy of the candidate's Baptism Certificate, you must contact the parish where they were baptized to obtain a copy.

Sponsor's Name: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Sponsor's Church: _____

Church Location: _____

Relationship of sponsor to candidate: _____

Sponsors must obtain a letter of good standing from the Catholic Church where he or she is a registered parishioner.

PLEASE RETURN THIS FORM AT THE FIRST SESSION ON DECEMBER 8