



# SAINT ROSE OF LIMA CONFIRMATION PROGRAM

## CONFIRMATION INFORMATION

This information is required for the Confirmation program.  
This form must be completed and returned to the  
Religious Education office as soon as possible.

PLEASE PRINT

Student's Complete BAPTISMAL Name: (This information is needed to register the candidate for Confirmation with the Archdiocese.)

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Last

Student's Birthday: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

In what Faith tradition were you baptized? \_\_\_\_\_

When were you baptized? \_\_\_\_\_ (Month/Day/Year)

Name of Church where you were baptized: \_\_\_\_\_

Church Address (If not Saint Rose) \_\_\_\_\_

**PLEASE NOTE:** If the baptism took place at a church other than Saint Rose of Lima, please fill in the address information. You will also need to supply a copy of the Baptismal Certificate. The full name and address of the church is important because notification of the Confirmation is sent to that church.

**IF NOT BAPTIZED CATHOLIC,** when and where did you make a Profession of Faith? (Note: First Communion is also a Profession of Faith.) \_\_\_\_\_

**IMPORTANT:** Instead of a copy of the Baptismal Certificate, please supply a copy of the Profession of Faith if it took place at a church other than Saint Rose.

### SACRAMENTAL INFORMATION:

Have you received your First Communion?    **Y**    **N** Name of Church: \_\_\_\_\_

Have you received your First Reconciliation?    **Y**    **N** Name of Church: \_\_\_\_\_

### SPONSOR INFORMATION: (Needed by October 1st.)

Sponsor Name: \_\_\_\_\_

Relationship: \_\_\_\_\_