

SACRAMENTAL RECORDS INFORMATION FOR CONFIRMATION

Child's Full Baptismal Name: _____
First Middle Last

Confirmation Name: _____

Age of Child: _____

Place of Baptism: _____
Name of Parish City, State

Date of Baptism: _____
Month Day Year

Mailing Address of place of Baptism (if the child was not baptized at Resurrection):

Church Name: _____

Address: _____
Street City State Zip

Current Home Mailing Address:

Street City State Zip

Mother's Full Name: _____
First Middle Last (Maiden)

Father's Full Name: _____
First Middle Last

Sponsor's Full Name: _____
First Middle Last

Our family is currently registered as a member of this parish: _____

→ NOTE: IF YOUR CHILD WAS NOT BAPTIZED AT RESURRECTION, PLEASE ATTACH A COPY OF HIS OR HER BAPTISMAL CERTIFICATE (A PHOTOCOPY IS ACCEPTABLE).