

PLEASE PRINT ALL REQUESTED INFORMATION CLEARLY

CANDIDATE'S NAME _____

ADDRESS

DATE OF BIRTH _____ PHONE _____

STA ELEMENTARY SCHOOL STUDENT _____ STA PREP/CCD STUDENT _____

HOMESCHOOL/PRIVATE SCHOOL STUDENT _____

FATHER'S NAME _____

MOTHER'S NAME _____ MAIDEN NAME _____

(REQUIRED FOR RECORD KEEPING)

EMAIL FOR NOTICES

CANDIDATE'S CONFIRMATION NAME _____

CANDIDATE'S DATE OF BAPTISM _____

Parish ADDRESS

(Street) _____

(City) _____ (State) _____ (Zip) _____

SPONSOR'S FULL NAME :

**NOTICE: Sponsors must be good practicing Catholics (16 years old or older)
who have received the sacraments of Baptism, Eucharist, and Confirmation.
A Letter of Eligibility is required for non-members of St. Thomas the Apostle.**

Please check here if the Sponsor is a member of St. Thomas the Apostle _____

PARISH _____ LETTER

**APPLICATION FOR THE RECEPTION OF
THE SACRAMENT OF CONFIRMATION
2021**