



1028 White Point Road ~ Niceville, Florida 32578

Phone Number: 850-897-7797 FAX Number: 850-897-2422

Wednesday May 12, 2020

7:00 pm

Registration Information for the Sacrament of Confirmation

Please **PRINT** and **COMPLETE ALL** information requested as you want it to appear in our Sacramental Registry and your certificate.

Candidate's Name: First name: _____

Middle name: _____

Baptismal name *(if different)*: _____

Last name: _____

Confirmation Name Chosen: _____

Date of Birth *(Month/day/year)*: _____

Age at Date of Confirmation: _____

Place of Baptism: Church Name: _____

Church Address: _____

City: _____

State/Country: _____

Post Code: _____

Date of Baptism *(Month/Date/Year)*: _____

Parents:

Father's FIRST and LAST Name: _____

Mothers FIRST Name: _____

MOTHER'S MAIDEN NAME: _____

Sponsor's Complete Name: _____

Mailing Address: _____
