

CONFIRMATION CANDIDATES



Please fill out the following information:

LAST NAME: _____ FIRST: _____ MIDDLE: _____

DATE OF BIRTH: (Month/Day/Year) _____ PLACE OF BIRTH: _____

Mother's Full Name: _____ E-Mail Address: _____

Father's Full Name: _____ E-Mail Address: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ YOUR CELL NUMBER: _____

PARENT CELL NUMBER: _____ PARENT CELL NUMBER: _____

PLACE OF BAPTISM (Parish/Church Name): _____

CITY AND STATE: _____ DATE OF BAPTISM: _____

A copy of the Baptismal Certificate is required upon registration.

PLACE OF FIRST COMMUNION (Parish/Church Name): _____

CITY AND STATE: _____ DATE OF FIRST COMMUNION: _____

A copy of the First Communion Certificate is required upon registration.