

Application for the Reception of the Sacrament of Confirmation

I Wish to Receive the Sacrament of Confirmation!

Full Name of person to be confirmed: _____
No Nick Names! FIRST MIDDLE LAST

Name of Catholic School or Religious Ed Session candidate attends: _____

Teacher's Name: _____

Family Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell/Work phone: _____

Father's Full Name: _____
No Nick Names! FIRST MIDDLE LAST

Mother's Full Name: _____
No Nick Names! FIRST MIDDLE LAST MAIDEN

Parent e-mail address (*one that will be checked frequently as information and updates are sent often and require a reply*):

SACRAMENTAL RECORD for Candidate

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Church of Baptism: _____

Baptismal Church Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Have you received First Penance? _____ Have you received First Communion? _____

I have attached a copy of the Baptismal Certificate (**Please circle**): YES NO (*if not on file*)

_____ *My child was baptized at St. John the Evangelist. Please verify in the baptismal registry.*

Church and Year of First Penance: _____

Church and Year of First Eucharist: _____