## **Confirmation Candidate Registration Form**

NOTE: Candidate must be at least 13 years old by Confirmation Mass in May.

CANDIDATE'S NAME	(FIRST, MIDDLE, LAST)				
BIRTHDATE:	BIRTHPLACE (C		GRADE:		
HOME ADDRESS:					
CITY:			ZIP CO	DDE:	
CELL PHONE:		HOME	PHONE:		
EMAIL ADDRESS:					
MOTHER'S NAME (FI	RST, MAIDEN, LAST)				
MOTHER'S EMAIL ADDRESS			CELL PHONE:		
FATHER'S NAME (FIR	ST, LAST)				
FATHER'S EMAIL ADD	DRESS		CELL PHON	E:	
CATHOLIC TYES NO			REGISTE	RED PARISHIONERS YES	□NO
r	SACR NOTE: Please submit a COPY of the if the sacraments oc		t Eucharist certificat		
<b>BAPTISM</b> : DATE _	PARIS	Н			
ADDRES	SS				
■ 1 <sup>st</sup> Eucharist: Date		PARISH			
ADDRES	SS				
					(OVER)
For OFFICE USE:	PDS Entry	Sacrament	al Records	Certificate Issued	
	CONFIRMATION DATE:		PRESIDER:		

## **CATHOLIC CONFIRMATION SPONSOR**

NOTE: Please submit a COPY of the Sponsor's Confirmation certificate as well as the Sponsor Parish Verification Form

NAME (FIRST, LAST)						
ADDRESS						
CITY						
EMAIL ADDRESS						
SPONSOR'S PARISH						
☐ VERIFICATION FORM						
Why do you wish to be Confirmed this year? (For the Teen in Question)						