

**INFORMATION FORM
SACRAMENT OF CONFIRMATION**

Please print clearly the information requested below and return the completed form together with all required documents as soon as possible. This information must be completed before your child may receive the Sacrament of Confirmation.

PLEASE PRINT

Name _____

Last

First

Middle

Confirmation Name _____

Date of Birth _____

Place of Birth _____

Age (at time of Confirmation) Years _____

Place and Date of Baptism

Church _____

City and State _____

When _____

Month

Day

Year

NOTICE: If the person to be Confirmed was baptized in our Parish, we will consult our Parish records for the required information.

Present Residence

Address _____

Town _____

Zip _____

Phone _____

Father's Full Name _____

Mother's Full Maiden Name _____

Sponsor's Name _____ **Age** _____

Sponsor's Parish

Name of Parish

City, State

Zip

I give permission for my child's name and or picture to appear in the sacrament program, parish bulletin, parish Facebook page and on the parish website.

(Parent signature)

