

REGISTRATION FOR CONFIRMATION

I hereby signify that I desire to become a candidate for the Sacrament of Confirmation and wish to participate in the Confirmation program.

Candidate's Name \_\_\_\_\_

Candidate's Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parish \_\_\_\_\_

Candidate's Date of Baptism \_\_\_\_\_

Candidate's Parish of Baptism \_\_\_\_\_

Address of Parish of Baptism \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Candidate's Parish of First Communion \_\_\_\_\_

**Candidate's Confirmation Name** \_\_\_\_\_

Names of Candidate's Parents:

Mother

\_\_\_\_\_  
Father (first name) (maiden name)

\_\_\_\_\_  
Name of Sponsor: (first name) (last name)

\_\_\_\_\_  
(first name) (last name)

Sponsor's Address \_\_\_\_\_

Sponsor's Parish \_\_\_\_\_

**DUE November 1, 2009**