

**APPLICATION FOR THE RECEPTION OF  
THE SACRAMENT OF CONFIRMATION**

**CANDIDATE INFORMATION**

**Candidate's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Confirmation Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City & Zip:** \_\_\_\_\_

**Telephone & Email Address** \_\_\_\_\_

**Current School:** \_\_\_\_\_

**SPONSOR INFORMATION**

**Sponsor's Name:** \_\_\_\_\_

**Sponsor's Address:** \_\_\_\_\_

**City & State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Sponsor's Home Parish:** \_\_\_\_\_

**CANDIDATE'S RECORD OF BAPTISM**

**Date of Baptism:** \_\_\_\_\_

**Church of Baptism:** \_\_\_\_\_

**City & State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Godparents:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mother's First and Maiden Name:** \_\_\_\_\_

**Please print and return completed form to the Religious Education office.**