Confirmation Application

(Please print or type CLEARLY)

Today's Date						
I am applying for (ple	ase check one	e) 🗆 Fall 🗆	Spring			
First Name		Middle		_Last		
Permanent Address:	Street					
	City:		State:		Zip:	
Telephone: (H)		(Cell)	(W	V)		
Email:						
Parish:						
Date of Birth		Place of Birt	h			
Father's Name	Mother's Name					
				le Maiden		
Information about the		you have received:	Copies of cert	tificates	are required	
	Ва	aptism	Reconciliati	on	First Eucharist	
Name of Church & Denomination						
Date						
City, State						
Indicate if your Nam was different at time receiving the Sacram	of					
Do you have a copy or	f your Baptisi	mal Certificate?			∕es □ No	
Do you have a copy or	f your Penanc	ce (First Confession)	Certificate?		es □ No	
Do you a copy of your	Eucharist (F	First Communion) Co	ertificate		Yes □ No	

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Do you have a Sponsor, sor	neone who is a pract	icing Catholic and will be a support to you?				
□Yes □No If yes, Spons	sor's Name:					
Relationship to you:						
What Parish does your Spon	sor belong to?					
City:	St	ate:				
A sponsor must be:						
✓ A practicing Catho	olic in good standing, at	least 16 years of age				
✓ Baptized, received First Communion and Confirmed						
✓ Spiritually mature.	, and supportive of your	spiritual growth				
✓ Be living a life of example that inspires you						
✓ Not your parent or fiancé						
Have you chosen a Confirm ☐ Yes ☐ No If yes, Saint						
To be	✓ ✓ Certificate o	m you must submit the following: Application ficate of Baptism - f First Holy Communion Program Fee				
For Office Use	Sacrament of	of Confirmation				
Date:	Parish	City/State				

For Office Use	Sacrament of Confirmation	on
Date:	Parish	City/State
Completed Forms	Baptismal Certificate	
	First Communion Certificate	
	Interviewed	
	Program Fee \$ paid	d on
	Sponsor Form (permission sacra	ament issuance)

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