Sacrament of CONFIRMATION

Information Sheet

Please fill out this form COMPLETELY and return it to the priest.

PLEASE PRINT CLEARLY

Confirmation Candidate

Name _____
First Name (Baptismal) Middle Name (required) Last Name

Date of Birth _____Age _____ Gender _____ M/F

Home Address _____
Street or PO Box - City, State, Zip Code

Telephone_____Email_____

Father _____
First Name /Last Name

Mother _____
First Name /Last Name /Maiden Name

Parish of Baptism

_____
Name, Street, City, State, Zip Code

Date of Baptism (Month/Day/Year required)_____

If baptism occurred at a parish other than Our Lady of Lourdes Mission,
PLEASE INCLUDE A COPY OF THE BAPTISMAL CERTIFICATE.

Confirmation Sponsor **(Must be a practicing, confirmed traditional Catholic of the same sex)**

Sponsor's Name _____
First Name/ Last Name

Sponsor's Home Parish _____
Name, Street, City, State, Zip Code

Candidate Confirmation Name _____Confirmation Date _____
Is this a conditional Confirmation _____

Name of the Bishop conferring Confirmation _____

Office use only; Book ____ Page ____ Line ____

Our Lady of Lourdes Mission

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