

APPLICATION FOR THE RECEPTION OF
THE SACRAMENT OF CONFIRMATION
(DUE BY NOVEMBER 30TH)

Please type or print clearly the information below:

Name of person to be confirmed: _____

Date of Birth: _____

Home Address: _____

City, State and Zip: _____

Parents/Guardians Names: _____
(First and Last)

RECORD OF SACRAMENTS RECEIVED

Baptism: Y____N____ Where? _____

(church) (city) (ST)

Sacrament of Reconciliation? Y____N____ First Communion? Y____N____

At St. Michael's? Y____N____

A copy of your Baptismal Certificate MUST accompany this form. If you do not have certificate, you must contact the church where you were baptized and request a copy as soon as possible.

SPONSOR INFORMATION

Sponsor's Name: _____

Address: _____

City: _____ State and Zip: _____

IF SPONSOR LIVES OUT OF TOWN, CANDIDATE NEEDS A LOCAL MENTOR WHO WILL ATTEND THE MONTHLY CANDIDATE/SPONSOR MEETINGS.

Local Mentor's Name: _____

Address: _____

City and Zip: _____

