St. Mary Parish Application for the Reception Of THE SACRAMENT OF CONFIRMATION

Please supply ALL requested information. Please print.

Name of person to b	e Confirmed:				
•	(Last)		(First)	(Middle)	
*** Your Confirmation	on Name:				
	(ONE NAME ONLY~MUST BE FILLED IN)				
Date of Birth:		Age:	Ph	one#:	
Home Address:					
(street)			(town)		
School:					
Home Parish:					
	Candid	ate's Record o	of Bantism		
	Candida	ate s Record o	л варизііі		
Date of Baptism					
City:		_State:		Zip code:	
Mother's Full Maiden	Name:				
Father's Full Name:_					
	_				
	Sp	onsor Inform	ation		
Sponsor's Name					
Sponsor's Name	(first)		(last)		
Sponsor's Address:_					
Sponsor's Home Par	ish:				
				phone #:	
oponisor certificates_				μισιίο πι	
Parent Signature	(T agree the at	ove information	n is accurate	1	

*** You must supply a Confirmation name, even if you a keeping your first name as your Confirmation name. DO NOT leave blank.