CONFIRMATION INFORMATION FORM

Candidate Information

Baptismal Name_____
Full ***First(No nickname)*** ***Full Middle*** ***Last***

Date of Birth ___ / ___ / ___ **Birth Place** _____
City ***County*** ***State***

Baptism Date ___ / ___ / ___ **Church of Baptism** _____

Baptismal Church Address _____
Street

_____
City ***State*** ***Zip***

If you were baptized at a church other than Holy Angels, a copy of the Baptismal Certificate needs to accompany this form.

Date of First Eucharist ___ / ___ / ___

Church of First Eucharist _____
City ***State***

If you celebrated First Eucharist at a church other than Holy Angels, the First Eucharist must be verified. If you have a First Communion certificate, please submit a copy of it with this form.

Parent Information

Father's Name _____
First **Last**

Mother's Name _____
First ***MAIDEN*** ***Last***

Address _____
Street ***City*** ***State*** ***Zip***

Phone (_____) _____ - _____ E-Mail: _____

Please complete and return this form with fee to Sister Joyce Bates at Holy Angels Parish Office by August 31st.