

**APPLICATION FOR THE RECEPTION OF
THE SACRAMENT OF CONFIRMATION**

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

LAST NAME FIRST NAME AGE

DATE OF BIRTH CITY and STATE OF BIRTH

DATE OF BAPTISM CHURCH OF BAPTISM (Name and Address)

FATHER'S LAST NAME FIRST NAME

MOTHER'S MAIDEN NAME FIRST NAME

HOME ADDRESS TOWN ZIP CODE

HOME TELEPHONE NUMBER CELL PHONE NUMBER

SAINT'S NAME TO BE TAKEN IN CONFIRMATION _____

****SPONSOR'S INFORMATION:**

SPONSOR'S LAST NAME FIRST NAME AGE
(List if under 20 yrs. of age)

HOME PARISH OF SPONSOR _____

It is very important that the sponsor is a person who is confirmed, practices their faith and gives example and encouragement. A Certificate of Eligibility is required of SPONSORS that are not members of Holy Angels Parish. A certificate may be obtained at the parish where they are registered.

Application for the reception of Confirmation