

ST. JOHN THE APOSTLE PARISH

CONFIRMATION INFORMATION SHEET



Child Information

Please Print

Given name _____ Surname _____

Address _____ City _____

Postal Code _____ Phone _____

Date of Birth _____ Age: _____ male ___ female ___

Baptismal Information

Baptized in the Catholic Church? Yes ___ No ___ Date of Baptism: _____

Parish of Baptism _____

Street address _____ City _____

Province _____ Country _____ Postal Code _____

Has he/she received First Reconciliation (Confession) _____ First Communion _____

Parent Information

Father: Given name _____ Surname: _____

Mother: Given name _____ Maiden name: _____

Daytime contact phone number _____ Who? _____

Email: _____

Sponsor Information (*must be a Confirmed Catholic*)

Name of sponsor _____

Address of sponsor _____

School Information:

School attending _____ Grade _____

Teacher's name _____

Please attach a COPY of your child's Baptismal Certificate to this completed form

OFFICE USE ONLY:

Regn. Fee _____

Entered on: Register: _____ Acolyte: _____ Date of Confirmation: _____