

**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 over 16 years of age and a Confirmed Catholic*)

Name 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:**

Entered on: Register: \_\_\_\_\_ Acolyte: \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_