

Sacrament of Confirmation Register Data Form

Name of Candidate _____
Last First Middle

Candidate's Chosen Confirmation Saint Name _____

Date of Birth _____
Month/Day/Year

Date of Baptism _____ (Submit a copy of baptismal certificate)
Month/Day/Year

Church of Baptism _____

Church of Baptism Mailing Address _____

City State Country

Father's Name _____
Last First Middle

Mother's Name _____
Last (Maiden) First Middle

Parent's Address _____
Street City State ZIP Code

Sponsor Name _____
Last First Middle

Sponsor Form Submitted [] Proxy Form Submitted (If applicable) []

Proxy(ies) Name(s) (if applicable) _____

For Office Use

Date/Time of Confirmation: _____

Celebrant: Priest/Deacon _____

Attendance Confirmed – Staff Check [] Certificate signed and given to family []

Recorded in Vol. _____ Page _____ Number _____ Entered in SAC REG []

Revised 5/30/2023

