

St. Andrew's Roman Catholic Church Sacrament of Confirmation Initial Registration Form

Dear Reverend Father:

I am a **baptized Roman Catholic** and I wish to be confirmed this year at St. Andrew's Parish where our family attends Mass. To prepare for Confirmation, I promise to try to attend Sunday Mass in my Parish Church regularly and to deepen my Faith in Christ.

	Signature of Applicant
APPLICANT INFORMATION	
NAME (FIRST & LAST):	
ADDRESS:	
POSTAL CODE:	PHONE NUMBER:
EMAIL ADDRESS:	
DATE OF BIRTH:	PLACE OF BIRTH:
SCHOOL THAT I ATTEND:	
ADDRESS OF CHURCH OF BAPTISM:	
· · ·	s Church, please attach a copy of your Baptismal Certificate. If al Certificate, please contact the church where your baptism
FATHER'S NAME:	
MOTHER'S NAME:	MAIDEN NAME:
NAME OF SPONSOR WHOM I WISH TO	CHOOSE:
Please remember that your Sponsor mu	ust be a Baptized and Confirmed Catholic who practices his/her

PLEASE RETURN THE COMPLETED FORM AND BAPTISMAL CERTIFICATE (IF APPLICABLE) TO THE PARISH OFFICE

Faith and; one who is at least 16 years of age. Parents <u>cannot</u> be chosen as Sponsors.

Confirmation Registration Form (20230205)