

**Application for the Reception of the Sacrament of Confirmation**

***Fill out all printed legibly - Do NOT leave anything blank!***

**I Wish to Receive the Sacrament of Confirmation!**

Full Name of person to be confirmed: \_\_\_\_\_  
No Abbreviations or Nick Names!      FIRST                                      MIDDLE                                      LAST

Name of Catholic School or Religious Ed Session candidate attends: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Family Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell/Work phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_  
No Abbreviations or Nick Names!      FIRST                                      MIDDLE                                      LAST

Mother's Full Name: \_\_\_\_\_  
No Abbreviations or Nick Names!      FIRST                                      MIDDLE                                      LAST      MAIDEN

Parent e-mail address (*one that will be checked frequently as information and updates are sent often and require a reply*):

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**SACRAMENTAL RECORD for Candidate**

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

Baptismal Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Have you received First Penance? \_\_\_\_\_ Have you received First Communion? \_\_\_\_\_

I have attached a copy of the Baptismal Certificate (***Please circle***)\*: YES NO (***if not on file***)

\_\_\_\_\_ *My child was baptized at St. John the Evangelist. Please verify in the baptismal registry.*

Church and Year of First Penance: \_\_\_\_\_

Church and Year of First Eucharist: \_\_\_\_\_