

Candidate Information Form

Dear Parents of Confirmation Candidates,

Below you will find the information that we need in order to officially record your child's reception of the Sacrament of Confirmation. This information will be mailed to the Church of your child's Baptism, where each of his/her Sacraments is recorded in the Church register. Please be sure to print clearly and accurately all of the requested information below. This entire booklet will be collected at the Enrollment Mass on Sunday, October 1st at 11 a.m. in the Large Church.

(Please Print)

Candidate's Full Name: _____ Date of Birth __/__/__

Church of Baptism: _____ Date of Baptism __/__/__

Church's Street Address: _____

Town: _____ State: _____ Zip Code: _____

Father's Full Name: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Candidate's Confirmation Name: _____

Sponsor's Full Name: _____

Sponsor's Street Address: _____

Town: _____ State: _____ Zip Code: _____

Sponsor's Parish: _____

Sponsor's Parish Street Address: _____

Town: _____ State: _____ Zip Code: _____

Sponsor's relationship to Candidate: _____

For Candidates(so that your L9 GClass Account can be identified): The email address I will

use to sign into L9 Google Classroom is _____ and it is not affiliated with another school's Google Classrooms.