



Confirmation Sacramental Record 2025-2026

FULL BAPTISMAL NAME (First, Middle, Last)

ADDRESS

CITY STATE ZIP

FAMILY CONTACT CELL

FAMILY CONTACT EMAIL

DATE OF BIRTH

AGE

PLACE OF BIRTH

FULL NAME OF FATHER

FULL **BIRTH NAME** OF MOTHER

CHURCH OF BAPTISM

ADDRESS (of Church of Baptism)

DATE OF BAPTISM**

**Please attach a copy of the candidate's Baptism Certificate to this form

*** Sponsor and Saint Names will be chosen as part of formation

NAME OF SPONSOR _____

CONFIRMATION SAINT NAME _____

☐ Recorded

☐ Certificate Sent Date

Office Use Only

Date

Minister of Sacrament

- Copy of Baptism Certificate _____
- Confirmation Sessions _____
- Confirmation Retreat _____
- Service Project _____
- Letter to the Bishop _____
- Sponsor Registration Form _____
- Confirmation Rehearsal _____