

Corpus Christi Catholic Church

Application for the Reception of The Sacrament of Confirmation

Date: _____

PLEASE PRINT

Candidate's Full Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Date of Birth and City of Birth: _____

Father's Full Name: _____

Mother's Full Name: _____

(include maiden name)

School: _____

Home Parish: _____

Family e-mail address or parents e-mail address: _____

Candidate's e-mail address: _____

Candidate's Chosen Confirmation Name: _____

Sponsor's Full Name: _____

Sponsor's Relation to Candidate: _____

Sponsor's Home Parish: _____

Sponsor's Home Parish Address: _____

We must have copies of the Confirmation Candidate's Baptism and First Eucharist Certificates if these sacraments WERE NOT received here at Corpus Christi Church.

If the sacraments WERE received here at Corpus Christi please indicate, at least, the month and year:

Baptism: _____

First Eucharist: _____

(Please complete and return to Cindy Becker at the Parish Office)