

Most Holy Trinity Parish



# CONFIRMATION CANDIDATE REGISTRATION 2024-2025

TO BE COMPLETED WITH FAITH FORMATION  
REGISTRATION FORM

Candidate Full Name: \_\_\_\_\_  
*First Name Middle Name Last Name*

Address: \_\_\_\_\_  
*Street Address City ZIP*

Date & Place of Birth: \_\_\_\_\_  
*Date Place of Birth*

Date & Place of Baptism: \_\_\_\_\_  
*Date Name of Parish*

\_\_\_\_\_  
*Parish Street Address City State Zip*

Father of Candidate: \_\_\_\_\_  
*First Name Middle Name Last Name*

Maiden Name of Mother: \_\_\_\_\_  
*First Name Middle Name Maiden Name*

Sponsor for Confirmation: \_\_\_\_\_  
*First Name Middle Name Last Name*

Parish of Sponsor: \_\_\_\_\_  
*Name City State ZIP*

Confirmation Name: \_\_\_\_\_

Pastor Signature: \_\_\_\_\_