

Most Holy Trinity Parish



CONFIRMATION CANDIDATE REGISTRATION

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: _____