

Most Holy Trinity Parish



**CONFIRMATION CANDIDATE
REGISTRATION 2026-2027**
**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: _____