

Confirmation Form – Appendix 611A

A copy of the Baptism Certificate is required at the time of registration.

Correct spelling of all names is very important

Name of Candidate: _____
Last Name Given Names

Birth Date: _____ **Age at Confirmation:** _____ **Sex:** M F
Date (dd/mmm/yy)

Place of Birth: _____
City / Town Province / State Country

Father: _____
Last Name Given Name(s) Religion

Mother: _____
Maiden Name Given Name(s) Religion

Home Address: _____
Street Address City/Town Province PC

Contact Information: _____ **FATHER**
Home Cell Email

_____ **MOTHER**
Home Cell Email

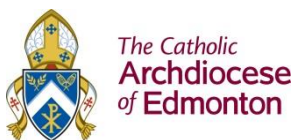
Name of School: _____
City / Town Grade

Was the child Baptized in an Eastern Catholic Church? Yes No
 If yes, Confirmation was conferred at the time of Baptism. **The Sacrament of Confirmation is not repeated**

Was the child Baptized in the Orthodox Church? Yes No
 If yes, when making a Profession of Faith, the child is ascribed to the corresponding Eastern Church *sui iuris* within the Catholic Church.

Was the child Baptized in another Christian ecclesial community? Yes No
If yes: _____
Denomination
 When making a Profession of Faith, the child is received into the Roman Catholic Church.

Has the child received First Reconciliation? Yes No
Has the child received First Holy Eucharist? Yes No



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SPONSOR

It is desirable that the sponsor chosen be one who undertook this role at baptism (c.893 §2).
 One sponsor, male or female, is sufficient. (cf. c.873) but there may be two, one of each sex (c.873).
 The sponsor **must NOT** be either the father or the mother of the one to be confirmed (c.874 §1,5).
 The sponsor **must** have received the sacraments of Baptism, Confirmation, and Eucharist, be a practicing Catholic, and be at least 16 years of age. (c.874).

First Sponsor

 Last Name

 First Name(s)

Male Female

Testimonial of Suitability by Parent(s)

Second Sponsor (Optional)

 Last Name

 First Name(s)

Male Female

Testimonial of Suitability by Parent(s)

Permission of Parent for the child:

to make a Profession of Faith

 Father's Signature

 Mother's Signature

For Parish Office Use Only

Date of Confirmation: _____

(dd/mmm/yy)

Place of Confirmation: _____

To be conferred by: _____

Permission to confer the Sacrament of Confirmation granted on _____ to:
 (dd/mmm/yy)

by _____

 Name of Priest

 Archbishop / Delegate

 Received by: Initials

