



CONFIRMATION PROGRAM



CONFIRMATION REGISTRATION FORM 2015-2016

Please return this completed form to the Faith Formation Office by January 8, 2016.

❖ **Confirmation Candidate's Full Name as it should appear on Certificate (Please include First Name, Middle Name if applicable and Last Name – No nicknames or initials please):**

❖ **Candidate's Chosen Confirmation Name:** _____

❖ **Candidate's Date of Birth** _____

❖ **Place of Baptism** _____
(Please include name of church, City and State where church is located)

❖ **Date of Baptism** _____
*(Note: if your child **was not** baptized at St. Edwards attach a copy of their Baptismal Certificate to this form)*

❖ **Family Address:** _____

❖ **Family Phone #:** _____

❖ **Family Email Address:** _____

❖ **Father's Name:** _____

❖ **Mother's Name (including Maiden Name):** _____

❖ **Sponsor's Name and Address:** _____

