



**St. Rose Church
Confirmation Program
CONFIRMATION INFORMATION**

*This information is required for the Confirmation program.
This form must be completed and returned to the Religious Education office as soon as possible.*

Please Print

Student's complete BAPTISMAL Name

This information is needed to register the candidate for Confirmation with the Archdiocese

First

Middle

Last

Student's Birthday _____

Father's Name _____

Mother's Name _____ Maiden Name _____

Baptismal Information

In what Faith tradition was your child baptized? _____

Place and Date of Baptism

When were you baptized? _____ / _____ / _____
Month Day Year

Name of Church _____

Church Address (only if not St. Rose) _____

City _____ State _____ Zip Code _____

Please Note: If the baptism took place at a church other than St. Rose of Lima, please fill in the address information. You will also need to supply a copy of the Baptismal Certificate. The full name and address of the church is important because notification of the Confirmation is sent to that church.

If not baptized Catholic, when and where did your child make a Profession of Faith? (Note: First Communion is also a Profession of Faith) _____

Important: Instead of a copy of the Baptismal Certificate, please supply a copy of the Profession of Faith if it took place at a church other than St. Rose.

Sacramental Information

Have you received your First Communion? Y N

Have you received your First Reconciliation? Y N

Sponsor Information (needed by October 1st)

Sponsor Name _____

Relationship _____

