This form, with complete sponsor information, must be returned to the Religious Education or School office no later than October 30th.

CONFIRMATION INFORMATION

NAME	PHONE #	
ADDRESS		
DATE of BIRTH	DATE of BAPTISM	
BAPTIZED AT	of church)	
	(street, if known)	
(city)	(state)	(zip code)
WAS THIS A CATHOLIC CHURCH? _	(yes or no)	
FIRST EUCHARIST RECEIVED AT		
	(name of church)	
MOTHER'S NAME(first)		
(first)	(last)	
FATHER'S NAME		
(first)	(last)	
SPON	NSOR INFORMATION	
already considered the primary faith n	g Roman Catholics and at least 16 years old. I models for their child, are not eligible to act a to act as sponsors to signify the strong link b	s sponsors;
<u>-</u>	rmation during the year so we must be a ACCURATE NAME and ADDRESS	
SPONSOR'S NAME		
ADDRESS		
ADDITESS_	(street)	
(city)	(state) (zip code)	