



CONFIRMATION REGISTRY FORM

The following information is required for the Confirmation Registry

Full Name of the person to be confirmed:
(This name will be printed on the certificate)

First _____ Middle _____ Last _____

Date of Birth: Month _____ Day _____ Year _____

Place of Birth: City _____ State _____

Date of Baptism: Month _____ Day _____ Year _____ *

Place of Baptism: Church _____ **

City _____ State _____

Current Address: _____

City _____ State _____ Zip code _____

Current telephone Number: _____

Parent's Names: Father _____

Mother (please include maiden name) _____

Confirmation Name: _____

Sponsor's Name: _____

* If your student was baptized at St. John Church, and you are unsure of the date, please provide an approximate date of baptism.

**If your student was baptized at another church, please attach a copy of the baptismal certificate.