APPLICATION FOR THE SACRAMENT OF CONFIRMATION
March 10, 2020
Bishop Robert Fisher

Candidate's Last Name_____

First _____ **Middle**_____

Confirmation Name Chosen_____

Parent's Email Address_____

Address with Zip Code_____

Area Code/Phone Number_____

Father's Full Name_____
(first, middle & last)

Mother's Full Name_____
(first, middle & last)

Mother's Maiden Name_____

Name of Church where Baptized_____

Date of Baptism: Month/ Day/ Year_____

Address of Church where Baptized other than St. Edith_____

_____**phone # of church**_____
City, State Zip Code

> ❖ **Please attach a copy of the Baptismal Certificate if not Baptized at St. Edith.**

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Full Name of Confirmation Sponsor and the Parish they belong to.

<u>Please return this form by January 13, 2020</u>