

Sacrament of Confirmation Information Form

2018-2019 Holy Trinity Religious Education

Please print clearly; the information will be used to complete the parish Confirmation Registry.

Candidate Information			
Candidate's Full Name:			
(First) (Middle)	(Last)	
Candidate's Birth Date:	_ Candidate's Birthplace (Cit	ty & State)	
High School Name:			
Parent Information			
Father's Full Name			
Mother's Full Name		Maiden Name:	
Street Address:			
City:	_ State: Zi	p:	
Telephone:	_ Email:		
Previous Sacrament Information			
BAPTISM			
Was the candidate baptized in the Catholic Church?Yes No			
If not baptized in the Catholic Church, did the Candidate make a Profession of Faith?Yes No			
If yes, what is the name of the Church of Baptism			
Church Address:			
Church City:		-	
Date of Baptism:	PLEASE CHEC	PLEASE CHECK ONE OF THE FOLLOWING:	
 The candidate was baptized at Holy Trinity or St. Augustine, please check the church records. A copy of the candidate's baptismal certificate (obtained within the last year) is attached. I have contacted the parish where my child was baptized and they are sending the record. 			
FIRST HOLY COMMUNION			
Has the candidate received First Communion in the Catholic Church?YesNo			
If yes, what is the name of the Church of First Communion:			
Church Address:			
Church City:	State:	Zip:	
Date of First Communion:	PLEASE CHEC	K ONE OF THE FOLLOWING:	
The candidate received First Communion at Holy Trinity or St. Augustine, please check the church records. A copy of the candidate's First Communion certificate (obtained within the last year) is attached. I have contacted the parish where my child received First Communion and they are sending the record.			