

Saint Clement Church

SACRAMENT OF CONFIRMATION INFORMATION FORM

(Please complete and return to the parish office by November 1, 2009)

CANDIDATE'S NAME

(As you wish it to appear on the certificate)

HOME ADDRESS

Street address

C

C

City

State

Zip code

PHONE NUMBER

FAMILY E-MAIL ADDRESS

DATE OF BIRTH

Month

Day

Year

CITY, STATE OF BIRTH

**MOTHER'S NAME
(including maiden name)**

FATHER'S FULL NAME

Please fill out information on both sides of this form.

**DATE OF CHILD'S
BAPTISM**

**CHURCH OF
BAPTISM**

**FULL ADDRESS OF
CHURCH OF
BAPTISM**

Street address

C

City

State

Zip code

SPONSOR'S NAME

**SPONSOR'S HOME
PARISH**

**SPONSOR'S
ADDRESS**

**SPONSOR'S
E-MAIL ADDRESS**

IMPORTANT!

**Please attach a *copy* of your child's baptismal certificate
regardless of where he/has been baptized.**