Saint Catharine of Siena Parish
CONFIRMATION INFORMATION SHEET

PLEASE TYPE OR PRINT. BE SURE TO COMPLETE **ALL** ITEMS.

Child's Name _____
(Last) (First)

Parish Where Child is Registered _____

Place of Birth _____
(City) (State)

Date of Birth _____
(Month) (Day) (Year)

Confirmation Name _____

Age at the time of Confirmation _____ Gender: M F

Place of Baptism _____
(Name of Church)

_____
(Address of Church if not St. Catharine's)

_____
(City) (State) (Zip)

Date of Baptism _____
(Month) (Day) (Year)

Family Home Address _____
(Street)

_____
(City) (State) (Zip)

Telephone Number _____

Father's Name _____

Mother's Name _____
(First Name) (Maiden Name)

Sponsor's Name _____
(First Name) (Last Name)

Sponsor's Parish _____
(Name of Parish)

_____
(City) (State) (Zip)