

APPLICATION FOR THE RECEPTION OF THE SACRAMENT OF CONFIRMATION

PERSON TO BE CONFIRMED: _____

ADDRESS: _____ PHONE: _____

_____ GRADE: _____

DATE OF BIRTH: _____ AGE: _____

CHURCH OF BAPTISM: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

CHURCH OF FIRST COMMUNION: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

SELECTED CONFIRMATION SAINT NAME: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

MASS TYPICALLY ATTENDED _____

NAME OF SPONSOR: _____

PARISH OF SPONSOR: _____

NOTE: If the sponsor is not from St. Ann's Church, Hampton, he/she is required to secure a Sponsor Certificate from his/her parish church. Please attach the completed Sponsor Certificate to this Application.

We certify that the above information is correct. To the best of our ability, we, the parents of the above child will cooperate in this program and encourage the maximum involvement of our son/daughter.

Signature of Parent

Signature of Parent

This form, along with a Confirmation Fee of \$100, is due by December 3, 2017 (Sun. class) or December 5, 2017 (Tues. class) to your son/daughter's Confirmation teacher.