

Information for Reception of the **SACRAMENT OF CONFIRMATION**

>>> *Please complete and return ASAP* <<<

Candidate's Complete Name: _____

Date of Birth: _____

Father's Name: _____

Mother's Name (include maiden name): _____

RECORD OF BAPTISM

Note: Please fill out the following information if you are **new** to the St. Augustine/St. Joseph parish community or have **never** submitted a baptismal certificate to the Religious Education Office. Parents are asked to contact their child's church of baptism and request a copy of the baptismal certificate. Baptismal certificates should be mailed to: St. Augustine/St. Joseph Religious Education Center, P.O. Box 93, Minster, OH 45865, by no later than **December 15th**.

Baptismal Name: _____ Date of Baptism: _____

Church of Baptism: _____

Address: _____

City: _____ State: _____ Zip code: _____

Godparents: _____

CONFIRMATION INFORMATION

Requested Confirmation Name: _____
(this should be your **Saint** report name)

Confirmation Sponsor's Complete Name: _____

Confirmation Sponsor's Address: _____

City: _____ State: _____ Zip code: _____

Sponsor's Home Parish Name: _____

Sponsor's Relationship to Candidate: _____