

INFORMATION SHEET

Candidates for CONFIRMATION

FAMILY Name: _____ Gender: () male () Female

Given Name/s: _____

School: _____ Year: _____

DATE of Birth: _____ PLACE of Birth: _____

NAME of Mother: _____ Religion: _____

Postal Address: _____ Telephone (w): _____

(h): _____

Email Address: _____ (m): _____

NAME of Mother: _____ Religion: _____

Postal Address: _____ Telephone (w): _____

(h): _____

Email Address: _____ (m): _____

Addressee of communications:

Relationship: _____

Address: _____

Telephone (w): _____

(h): _____

(m): _____

email: _____

SACRAMENTS RECEIVED

[CERTIFICATE/s must be presented]

BAPTISM

Date: _____

Place: _____

1st RECONCILIATION

Date: _____

Place: _____

1st EUCHARIST

Date: _____

Place: _____