

CONFIRMATION INFORMATION FORM

PLEASE PRINT

Candidate's full name: _____

Mother's Name (including maiden name) _____

Father's Name _____

Address: _____

Phone: _____ (home) _____ (Parent's cell)

Parent e-mail _____

Candidate e-mail _____

Birth Date _____

Baptism date _____

Church of Baptism: _____

Address of Church; _____

Year of Reconciliation: _____

Church of Reconciliation: _____

Year of First Eucharist _____

Church of First Eucharist: _____

Are you/your family registered members of St. John Fisher Church? ____ Yes ____ No