



Sacrament of Confirmation Information Form

2016-2017 Holy Trinity Religious Education

Please print clearly; the information will be used to complete the parish Confirmation Registry.

Candidate Information

Candidate's Full Name: _____
(First) (Middle) (Last)

Candidate's Birth Date: _____ Candidate's Birthplace (City & State) _____

High School Name: _____

Parent Information

Father's Full Name _____

Mother's Full Name _____ Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Previous Sacrament Information

BAPTISM

Was the candidate baptized in the Catholic Church? ____ Yes ____ No

If not baptized in the Catholic Church, did the Candidate make a Profession of Faith? ____ Yes ____ No

If yes, what is the name of the Church of Baptism _____

Church Address: _____

Church City: _____ State: _____ Zip: _____

Date of Baptism: _____ PLEASE CHECK ONE OF THE FOLLOWING:

- The candidate was baptized at Holy Trinity or St. Augustine, please check the church records.
- A copy of the candidate's baptismal certificate is attached.

FIRST HOLY COMMUNION

Has the candidate received First Communion in the Catholic Church? ____ Yes ____ No

If yes, what is the name of the Church of First Communion: _____

Church Address: _____

Church City: _____ State: _____ Zip: _____

Date of First Communion: _____ PLEASE CHECK ONE OF THE FOLLOWING:

- The candidate received First Communion at Holy Trinity or St. Augustine, please check the church records.
- A copy of the candidate's First Communion certificate is attached.