

Confirmation Form – Appendix 611A

A copy of the Baptism Certificate is required at the time of registration.

Correct spelling of all names is very important – please print legibly.

Name of Candidate: _____
Last Name First Name Middle Name

Birth Date: _____ **Place of Birth:** _____ **Sex:** M F
Date (dd/mmm/yy) (City, Province/State, Country)

Baptism Date: _____ **Place of Baptism:** _____ **Copy of BC:**
Date (dd/mmm/yy) (Parish)

Father: _____
Last Name Given Name(s) Religion

Mother: _____
Maiden Name Given Name(s) Religion

Home Address: _____
Street Address City/Town Province PC

Contact Information

Self: _____
Home Cell Email

Mother/Father: _____
(if a child) Home Cell Email

Name of School: _____
(if a child)

City/Town Grade

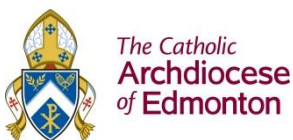
Was the person baptized in an Eastern Catholic Church? Yes No
 If yes, Confirmation was conferred at the time of Baptism, **the Sacrament of Confirmation is not repeated**

Was the person baptized in the Orthodox Church? Yes No
 If yes, the person making a Profession of Faith is ascribed to the corresponding Eastern Church *sui iuris* within the Catholic Church and Confirmation was conferred at the time of Baptism, **the Sacrament of Confirmation is not repeated**

Was the person baptized in another Christian ecclesial community? Yes No
If yes: _____
Denomination

When making a Profession of Faith, the person is received into the Roman Catholic Church.

Has the person received First Reconciliation? Yes No
Has the person received First Holy Eucharist? Yes No



SPONSOR

It is desirable that the sponsor chosen be one who undertook this role at baptism (c.893 §2).
 One sponsor, male or female, is sufficient. (cf. c.873) but there may be two, one of each sex (c.873).
 The sponsor **must NOT** be either the father or the mother of the one to be confirmed (c.874 §1,5).
 The sponsor **must** have received the sacraments of Baptism, Confirmation, and Eucharist, be a practicing Catholic,
 and be at least 16 years of age. (c.874).

First Sponsor

 Last Name
 Male Female

 First Name(s)
 Testimonial of Suitability by Parent(s)
 (if a child)

Second Sponsor (Optional)

 Last Name
 Male Female

 First Name(s)
 Testimonial of Suitability by Parent(s)
 (if a child)

Permission of Parent for a child under the age of 14:

to make a Profession of Faith

 Father's Signature

 Mother's Signature

For Parish Office Use Only

Proposed Date of Confirmation: _____
 (dd/mmm/yy)

Proposed Place of Confirmation: _____
To be conferred by: _____

Permission to confer the Sacrament of Confirmation granted on _____ to:
 (dd/mmm/yy)

_____ by _____
 Name of Priest Archbishop / Delegate Received by: Initials

