

St. Maximilian Kolbe Parish

APPLICATION FOR THE RECEPTION OF THE SACRAMENT OF CONFIRMATION

(Please print clearly. Correct spellings and accurate dates and addresses are important.)

NAME OF PERSON TO BE CONFIRMED: _____

ADDRESS: _____ DATE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____ MAIDEN NAME: _____

BAPTISMAL INFORMATION

___ Baptismal Certificate required. Please attach to this form. ___ Baptismal Information on file

RECORD OF BAPTISM

DATE: _____ CHURCH OF BAPTISM: _____

ADDRESS OF CHURCH: _____
(street)

_____ (city) _____ (state) (zip)

SAINT'S NAME TO BE TAKEN IN CONFIRMATION: _____

NAME OF SPONSOR: _____

ADDRESS OF SPONSOR: _____

HOME PARISH OF SPONSOR: _____

*The sponsor must be a practicing Catholic who has received all Sacraments of Initiation and is at least 16 years of age. A **Letter of Eligibility** from the parish of your sponsor must be submitted with this application.*

I understand that no one may be confirmed unless the candidate and parent/guardian willingly consent to the following:

Discipleship Activities
Retreat Participation
Two Rehearsals

Attendance at Monthly YGA
One Interview
Candidate Commitment

By signing this Form, I agree to adhere to all parish requirements for the celebration of the sacrament of Confirmation.

(Confirmation candidate)

(Parent(s)/Guardian)

PLEASE RETURN THIS FORM TO MRS. BROSS BY January 8, 2017. YOU MAY RETURN IT EARLIER.