

# St. Maximilian Kolbe Parish

## APPLICATION FOR THE RECEPTION OF THE SACRAMENT OF CONFIRMATION

(Please print clearly. Correct spellings, accurate dates, and addresses are very 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:

Participation in parent meeting  
Retreat Participation  
Candidate Commitment  
Attendance at Monthly YGA

Discipleship Activities  
Two Rehearsals  
One Interview

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 October 21/22. YOU MAY RETURN IT EARLIER.**