

# **Blessed Sacrament Church**

## **Confirmation Information Form**

Name

Last\_\_\_\_\_First\_\_\_\_\_Middle\_\_\_\_\_

Address\_\_\_\_\_

Home Phone Number\_\_\_\_\_

Date of Birth\_\_\_\_\_

Place of Birth\_\_\_\_\_

Date of Baptism\_\_\_\_\_

Place of Baptism\_\_\_\_\_

Father's Name\_\_\_\_\_

Mother's Maiden Name\_\_\_\_\_

Name of Sponsor\_\_\_\_\_

Candidate's Confirmation Name\_\_\_\_\_

**THIS FORM MUST BE RETURNED BEFORE  
OCTOBER 1, 2009  
TO MRS. REED**