CONFIRMATION INFORMATION

Candidate's Name: _____
Last First Middle Nickname

Birthdate: _____ Age: _____

Home Address: _____

Home Phone: _____ Parent's email: _____

Candidate's email: _____ Grade: _____

School Attending: _____

Mother's name: _____

Father's name : _____

Baptized at STM? Y or N (circle) Date of Baptism: _____
(**If not baptized at STM, please provide a copy of the Baptismal certificate**)

If not baptized at STM, Church of Baptism: _____

Church Address:_____

Confirmation Sponsor: _____

Sponsor is active in which parish? _____

City: _____ State: _____

CHECK ONE:

_____ Baptismal certificate enclosed

_____ We don't have baptismal certificate, but will contact the Church to get one

_____

Signature of Parent

SUBMIT WITH $100 REGISTRATION FEE TO:

Elaine Phillips
St. Thomas More Church
636 W. Ponce de Leon Ave.
Decatur, GA 30030