Our Mother of Good Counsel Parish

Student Confirmation Information Form

2011-2012

Information on this form will allow the Religious Education Office to adequately record the following information in the Confirmandi's permanent Sacramental file.

This completed form must be returned by January 25, 2012 or preferably before.

Please print and check spelling of names. Thank you.

NAME: _____
FIRST MIDDLE LAST

CONFIRMATION NAME: _____

DATE OF BIRTH: _____ AGE: _____
AT CONFIRMATION

DATE OF BAPTISM: _____
BAPTISM PARISH NAME & ADDRESS:

_____

FATHER'S FULL NAME: _____

MOTHER'S FULL NAME: _____
(INCLUDING MAIDEN NAME)

ADDRESS: _____
STREET ADDRESS TOWN ZIP

SPONSOR'S NAME: _____
****Sponsor must complete and return attached Confirmation Sponsor Information form no later than January 25, 2012.**

SPONSOR'S PARISH: _____

Baptismal Certificate is needed: YES _____ NO/WE HAVE _____
If YES is checked, please submit to RE office immediately.

As always, if you have any questions, please call the Religious Education Office at (708) 301-0214. FAX Number is: (708) 301-6356