Epiphany Catholic Church SACRAMENT OF CONFIRMATION INFORMATION FORM

(Please complete and return to the school office by October 17, 2012)

CANDIDATE'S NAME (As you wish it to appear on the certificate)	
HOME ADDRESS Street address, City, State Zip code	
PHONE NUMBER	
FAMILY E-MAIL ADDRESS	
DATE OF BIRTH Month Day Year	
CITY, STATE OF BIRTH	
MOTHER'S NAME (including maiden name)	
FATHER'S FULL NAME	
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^{*}Please fill out information on both sides of this form.

DATE OF CHILD'S BAPTISM	
CHURCH OF BAPTISM	
FULL ADDRESS OF CHURCH OFBAPTISM Street address, City, State Zip code	
SPONSOR'S NAME	
SPONSOR'S HOME PARISH	
SPONSOR'S ADDRESS	
SPONSOR'S E-MAIL ADDRESS	

IMPORTANT!

Please attach a *copy* of your child's baptismal certificate regardless of where he/she has been baptized.