

**SAINT THOMAS THE APOSTLE**  
***Confirmation Program***

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Registration for Confirmation (8<sup>th</sup> grade)

*Please return this completed form as soon as possible to the Patti in the Faith Formation Office.*

**Note:** *If the candidate was baptized anywhere other than here at Saint Thomas the Apostle Church, a copy of his/her Baptismal Certificate with Notations must be attached.*

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Candidate's full name \_\_\_\_\_

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

Candidate's date of Baptism \_\_\_\_\_

Name of parish of Baptism \_\_\_\_\_

Address of parish of Baptism \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Names of candidate's parents

Mother \_\_\_\_\_  
*(maiden name)* *(first)*

Father \_\_\_\_\_  
*(last name)* *(first)*

Date of First Eucharist \_\_\_\_\_

Church of First Eucharist \_\_\_\_\_

Candidate's Address \_\_\_\_\_  
\_\_\_\_\_

Candidate's family's preferred Phone \_\_\_\_\_

Email \_\_\_\_\_

**SPONSOR'S NAME** \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	Confirmation Patron Saint Name _____		
Baptism BK _____	Census _____	Confirmation _____	Notification _____