

**St. Catherine of Siena**

1020 Springvale Road  
Great Falls, Virginia 22066  
(703)759-3530

Email: [stcatherinesreoffice@gmail.com](mailto:stcatherinesreoffice@gmail.com)  
Office of Religious Education  
Confirmation Data Form

Year of Confirmation 20 \_\_\_\_ Please print legibly in blue or black ink.

Candidate's Full Baptismal Name

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Saint's full name to be taken in Confirmation

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Home Address

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Parent Email Address(es) for all Confirmation correspondence: Please list more than one email, if helpful. (Please do not list student email addresses.)

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Preferred Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Text? \_\_\_ Yes \_\_\_ No)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Full Name of Father \_\_\_\_\_

Full Name of Mother \_\_\_\_\_

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

**Baptismal Data:** To be taken from the Baptismal Certificate of the Candidate

*A copy of the candidate's Baptismal Certificate must accompany this form.*

Baptismal Parish \_\_\_\_\_ Date of Baptism \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete Address of Baptismal Parish \_\_\_\_\_

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Priest's Name \_\_\_\_\_

Godparents' Names \_\_\_\_\_

**Please make sure to fill out Sponsor Data on reverse.  
Sponsor Data**

Please remember that a parent MAY NOT be a Confirmation sponsor.

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

Relationship to Candidate \_\_\_\_\_

Name of Sponsor's Parish \_\_\_\_\_

Name of Sponsor's Pastor or Priest Signing Eligibility Form \_\_\_\_\_

City and State of Sponsor's Parish \_\_\_\_\_

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Please remember that a parent MAY SERVE as a proxy for the Sacrament of Confirmation but may not be the official Sponsor.

If needed, proxy information (may be filled out at a later time, if necessary)

Name of Proxy \_\_\_\_\_

Relationship to Candidate \_\_\_\_\_

Name of Proxy's Parish \_\_\_\_\_

Name of Proxy's Pastor or Priest Signing Eligibility Form \_\_\_\_\_

City and State of Proxy's Parish \_\_\_\_\_

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