

St. Catherine of Siena
1020 Springvale Road Great Falls, Virginia 22066
703.759.3530 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

Saint's full name to be taken in Confirmation

Home Address

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

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 _____

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 _____

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 _____
