

ST. PHILIP THE APOSTLE PARISH
RELIGIOUS EDUCATION PROGRAM
 1233 W. Holtz Avenue
 Addison, IL 60101
<http://www.st-phil.org>
 Phone #: 630-543-1754
 Fax #: 630-543-4672
 E-mail: stphilipre@gmail.com

CONFIRMATION INFORMATION FORM

The following information is required so that your child's confirmation can be registered in the parish record book. **PARENTS are asked to please print legibly and complete the form as accurately as possible. Inaccurate or illegible information will make it difficult to record the Confirmation information in the parish registry.**

Student's
Baptismal Name: _____
Last Name
First Name
Middle Name

Student's Address: _____
Street Address
City & Zip

Father's Name: _____
Last Name
First Name
Middle Name

Mother's Name: _____
MAIDEN Name
First Name
Middle Name

Place of Baptism: _____
Church Name
City/State/Zip

Date of Birth: _____ **Date of Baptism:** _____

Saint Name chosen as Confirmation Name: _____

Sponsor's Name: _____
Last Name
First Name
Middle Name

PROXY

If a sponsor is unable to attend the Confirmation rite, the person may still be the sponsor if they fulfill the proper requirements and have a "proxy" stand in for them. The sponsor should know who will do this for them.

Proxy's Name: _____
Last Name
First Name
Middle Name

(Parents should return this completed form at the GIFT II meeting on Wednesday, November 7, 2018)