

**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](mailto: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 3, 2021)**