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 2, 2022)