ST. PHILIP THE APOSTLE PARISH RELIGIOUS EDUCATION PROGRAM 1233 W. Holtz Avenue Addison, IL 60101 st-phil.org Phone #: 630-543-1754 Fax #: 630-543-4672 E-mail: cschubert@st-phil.org

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	s Confirmation Name:		
Sponsor's Name: _			
	Last Name	First Name	Middle Name
PROXY			
		e, the person may still be the s The sponsor should know whe	
Proxy's Name:			
	Last Name	First Name	Middle Name

(Parents should return this completed form at the GIFT 2 meeting on Wednesday, November 8, 2023)