

Saint John Neumann Catholic Church ▪ Office of Religious Formation

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CONFIRMATION REGISTRATION

Candidate Background

- **Candidate's Information:**

Name (Print clearly): _____
First Middle Last

Name as it is to appear on the Confirmation Certificate (Print clearly):

First Middle Last

Contact Phone #: _____ - _____ - _____ Contact Email _____

Date of Birth _____ / _____ / _____ (MM/DD/YYYY)

Location of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

- **Baptism:** All candidates **MUST** submit a copy of your Baptismal certificate UNLESS you were baptized at St. John Neumann. ALL candidates must fill out the following information:

Date of Baptism _____ / _____ / _____ (MM/DD/YYYY)

Parish: _____

Parish Address: _____

City: _____ State: _____ Zip: _____

By Reverend: _____

Godparents: _____

- **Eucharist:**

Date: of 1st Eucharist: _____ / _____ / _____ (MM/DD/YYYY)

Parish: _____

Parish Address: _____

City: _____ State: _____ Zip: _____

By Reverend: _____

Parents' Information:

- Father' Full Name: _____

- Mother's Full Name: _____ Maiden Name: _____