

Queen of Angels Church Confirmation Registration Form

Please provide the following information and submit with a copy of the Baptism certificate.

**If the Candidate was baptized at Queen of Angels, Baptism certificate is not needed.*

Name of Candidate: _____ Age: _____

Date of Baptism: (month/day/year) _____

Name of Baptismal Church: _____

Full Mailing Address of Church of Baptism: _____

Confirmation name: _____

Sponsor's name: _____

Father's Full Name (Last, First, MI): _____

Mother's Name (**Maiden**, First, MI): _____

Home Address: (street, city, state, zip-code)

Email address: _____

Is this a Conditional Confirmation? _____ (Please indicate reason for need for conditional)

Confirmation date: _____