CONFIRMATION

| А сору | of the Baptism Certificate | e is required at the | time of registration | 1 | |
|---|------------------------------------|----------------------|-------------------------|--------------|--|
| | | | | | |
| Name of candidate: | Last Name | | Given Name | | |
| | Last Name | | Given Name | | |
| Birth date: | Age at C | Age at Confirmation | | Sex: M □ F □ | |
| yyyy/mm/o | | | in years | | |
| Place of birth: | Town | Province | Cou | nter | |
| | | Tiovinee | Cou | nu y | |
| Father: | Last Name | | Given Name | | |
| N.F. (1 | | | Green ranne | | |
| Mother: | Last Name | <u> </u> | Given Name | | |
| | | | | | |
| Candidate's home addre | Street address | City / Town | Province | Postal Code | |
| Contact Information | | · | | | |
| Contact Information for Mother | Home | Cell | Email | | |
| (If applicable) | | | | | |
| Contact Information | | | | | |
| for Father | Home | Cell | Email | | |
| (If applicable) | | | | | |
| Name of School: | | City / Town | | C 1. | |
| (If applicable) | C | ity / Town | | Grade | |
| Was the child/adult Bap | Yes \square | No □ | | | |
| If yes, Confirmation was confe | rred at the time of Baptism. Th | e Sacrament of Confi | rmation is not repeated | | |
| Was the child/adult Bap | tized in the Orthodov Cl | nurch? | Yes 🗆 | No 🗆 | |
| If yes, when making a Profession Catholic Church. | on of Faith, the child/adult is as | | | | |
| Was the child/adult Bapti | zed in another Christian | | nity? Yes □ | No 🗆 | |
| When making a Profession of F | Faith, the child/adult is received | | Denomination | | |
| | | | | | |
| This child/adult was Bap | Yes □ | No 🗆 | | | |
| Has the child/adult recei | Yes □ | No □ | | | |
| Has the child/adult recei | ved First Holy Commun | ion? | Yes □ | No □ | |



| BPONSOR It is desirable that the Sponsor chosen be one who undertook this role at Baptism (c.893 §2). One Sponsor (male or female) is required (c.892). The Sponsor must NOT be either the father or the mother of the one to be confirmed (c.874 §1,5). The Sponsor must have received the sacraments of Baptism, Confirmation, and Holy Communion, be practicing Catholic, and be at least 16 years of age. (c.874). Sponsor Male Female Last Name First Name(s) Testimonial of Suitability by Parent(s) Parish Town/City Parish Town/City Permission to confer the Sacrament of Confirmation was granted (check one) cypyy/mm/dd Permission to confer the Sacrament of Confirmation was granted (check one) in written form on this date: | Permission of Parent for the child | | | DOCUMENT 61 |
|--|--|---|---|---|
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| Last Name First Name(s) Testimonial of Suitability by Parent(s) Parent (s) FOR PARISH OFFICE USE ONLY Date of Confirmation: Parish Parish Town/City Permission to confer the Sacrament of Confirmation was granted (check one) verbally in written form on this date: (yyyy/mm/dd) By Bishop / Delegate | One Sponsor (male or female) is recomposed the one to be confirmed (The Sponsor must have received the | quired (c.892). The c.874 §1,5). e sacraments of Baj | Sponsor must NOT be eit ptism, Confirmation, and H | her the father or the |
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| Permission to confer the Sacrament of Confirmation was granted (check one) verbally in written form on this date: | Place of Confirmation: | Parish | | Town/City |
| □ verbally □ in written form on this date: to (yyyy/mm/dd) By Bishop / Delegate | | Tarisii | | 10wil/City |
| on this date: to to By Bishop / Delegate | □ verbally | ent of Confirmation | n was granted (check one) | |
| (yyyy/mm/dd) By Bishop / Delegate | | , | | |
| | | to | | |
| Daggivad by (Nama) | | | By Bishop / Delegate | |
| L Vaccinad by (Nama) | | | D : 11 (2) | |
| Received by (Name) | | | Received by (Name) | |



Signature of Bishop/Delegate (if possible)