

## St. Christina Parish Confirmation Information Form

**A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE MUST BE ATTACHED TO THIS FORM. Form is DUE no later than DECEMBER 1, 2024**

In accordance with the Archdiocese of Chicago, it is **required** that the information requested below is verified and recorded **prior to receiving the Sacrament**. All areas of this form must be completed in **full**. Please print clearly.

Child's Full Name \_\_\_\_\_  
(Last) (Middle) (First)

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Sponsor's Full Name \_\_\_\_\_

Saint Name \_\_\_\_\_ Male / Female (circle one)

### BAPTISMAL INFORMATION

Please provide a copy of the Baptismal Certificate with this completed form.

Child's Name on Baptismal Cert. \_\_\_\_\_

Date of Baptism: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_ City of Birth: \_\_\_\_\_

Church of Baptism \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

All forms must have an **attached copy of your child's Baptismal Certificate**. You must still complete the Parent Information section below in full and return this form by the date shown at the top.

### PARENT/LEGAL GUARDIAN INFORMATION

Father's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_