

## St. Christina Parish Confirmation Information Form

**All areas of this form must be completed in full. Please print clearly.**

**This Form is DUE no later than SEPTEMBER 30, 2025.**

In accordance with the Archdiocese of Chicago, it is **required** that the information requested below is verified and recorded **prior to receiving the Sacrament of Confirmation.**

Child's Full Name \_\_\_\_\_ Male / Female (circle)  
(Last) (Middle) (First)

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

Confirmation Saint Name \_\_\_\_\_

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

Sponsor's Email Address \_\_\_\_\_

### BAPTISMAL/FIRST HOLY COMMUNION INFORMATION

**Please provide a copy of the Baptismal & Communion Certificate with this completed form:** Check here if baptized at St. Christina ☐

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

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

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

Made FIRST HOLY COMMUNION at St. Christina: Month \_\_\_\_\_ Year \_\_\_\_\_.

Made FIRST HOLY COMMUNION at another parish: Name of Parish \_\_\_\_\_ YEAR \_\_\_\_\_

PLEASE COMPLETE SECTION IN-FULL.

### 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 \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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

**COMPLETE EACH SECTION: ATTACH A COPY OF THE BAPTISMAL/COMMUNION CERTIFICATE.  
DUE NO LATER THAN SEPTEMBER 30, 2025.**