



**CHRIST OUR
REDEEMER**
CATHOLIC CHURCH

1028 White Point Road ~ Niceville, Florida 32578

Phone Number: 850-897-7797 ❖ FAX Number: 850-897-2422

Website: www.corcatholic.org

Registry Information for the *Sacrament of Confirmation*

Wednesday ~ 2 June 2010 at 7:00 p.m.

ATTACH a COPY of the Confirmation Candidate's **Original Baptismal Certificate**

Please **PRINT and COMPLETE ALL INFORMATION** requested {numbers 1-14}
as you want it to appear on the **certificate** and in **our sacramental registry**. Thank You!

1. **CANDIDATE'S NAME: FIRST Name:** _____



MIDDLE Name: _____

Baptismal Name (if different): _____

LAST Name: _____

2. ❖ **CONFIRMATION NAME CHOSEN:** _____

3. **AGE at DATE OF CONFIRMATION:** _____

4. **DATE of BIRTH: (Month/Day/Year)** _____

5. **PLACE of BAPTISM: CHURCH NAME:** _____

CITY: _____

STATE & COUNTRY: _____

6. **DATE of BAPTISM: (Month/Day/Year)** _____

7. **PHONE NUMBER:** _____

8. **PRESENT Street ADDRESS:** _____

9. **CITY & STATE:** _____

10. **Mailing Address (if different from above):** _____

PARENTS:

11. **FATHER'S FIRST & LAST Name:** _____

12. **MOTHER'S FIRST Name:** _____

13. **& MOTHER'S MAIDEN Name:** _____

(Needed when sending notification of reception of sacrament to church of Baptism)

14. ❖ **SPONSOR'S COMPLETE NAME:** _____

❖ **Numbers 2 & 14 ~ MUST BE COMPLETED {no later than} 2 weeks before CONFIRMATION**

For OFFICE Use ONLY

- | | |
|--|---|
| <input type="checkbox"/> Date Recorded & Number in Registry: _____ | <input type="checkbox"/> Bulletin Announcement: _____ |
| <input type="checkbox"/> Certificate w/Seal: _____ | <input type="checkbox"/> Computer Entry: _____ |
| <input type="checkbox"/> Notification Sent: _____ | |
- {Form Revised; September 2009}