Confirmand's Full Name:
Name Confirmand Goes By:
Dietary Concerns/Allergies:
Other Special Needs:
Mentor's Name:
Mentor's Email Address:
Mentor's Cell Phone:
Has Confirmand been baptized? Y N
If so, please answer the following:
Church where confirmand was baptized:
Pastor who baptized confirmand:
Town where confirmand was baptized:
Approximate date of baptism:
Contact Information
Mailing Address:
Confirmand's Cell phone:
Can we include this on our confirmation contact information sheet? \Box Y \Box N
Confirmand's Email Address:
Can we include this on our confirmation contact information sheet? N
Parent Information
Mother's Name:
Mother's Cell Number:
Mother's Work Number:
Mother's Email Address:
Father's Name:
Father's Cell Number:
Father's Work Number:
Father's Email Address: