

# Confirmation Candidate Form-Pentecost

I desire to become a candidate for the Sacrament of Confirmation



1st Name		Middle		Last Name	
Date of Birth		Age		Maiden Name	
Place of Birth		State		Country	
Marital Status?	<input type="checkbox"/> Married	<input type="checkbox"/> Single	Male or Female?	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Candidate's Street Address					
Mailing Address (if different)					
City		State		Zip	
Home Phone		Cell Phone			
E-mail					

▶ Was Candidate Adopted?  Yes  No ▶ Did you receive 1st Communion?  Yes  No  
 ▶ Was Name Legally Changed?  Yes  No (Example through marriage or adoption, different from baptism) Name \_\_\_\_\_

**Baptism Information—(Copy of Baptismal Form to be attached to this form.)**

1. Date of Candidate's Baptism \_\_\_\_\_

2. Candidate's Parish of Baptism: \_\_\_\_\_

b. Address of Baptism Parish: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

c. Was Candidate Privately Baptized? Yes  No  If Yes, by whom \_\_\_\_\_  
 Birth Mother's Name (Maiden Name) \_\_\_\_\_  
 Birth Father's Name \_\_\_\_\_

**Confirmation Name** The name of a saint, chosen by the person to be confirmed and imposed by the bishop in Confirmation. Added to the Christian name, it gives the person confirmed a heavenly patron whom he or she should endeavor to imitate. *New Catholic Dictionary* A male will pick a male saint and a female will pick a female saint.

**I Would like My Confirmation Name to Be:** \_\_\_\_\_

**Name of Sponsor:** \_\_\_\_\_

Add Separate Sponsor Form. All the requirements are listed. Must be signed by the Sponsor's Parish.

**Signature of Candidate** \_\_\_\_\_ **Date** \_\_\_\_\_

**For the church sending this candidate to Epiphany Cathedral for Confirmation:**

**Family Name Candidate is Registered/Recorded at your Parish:** \_\_\_\_\_

**ParishSoft Family Name Druid#** \_\_\_\_\_ *Enter full name on the individual record as is on Baptismal Certificate. Under General: Please enter Parents Names from Baptismal Certificate, including full maiden name for the mother.*

**Form Sent by (Name)** \_\_\_\_\_ **Department** \_\_\_\_\_

**Name of Church Sending this Candidate:** \_\_\_\_\_

**Church's Phone Number:** \_\_\_\_\_ *Revised 1/26/2021*



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