



Archdiocese of St. Louis Confirmation Sacristy Record

Parish Name: _____

Note: This information is mailed to the Church of record (Church of Baptism) where your child's Sacramental Information is recorded. Complete and exact information is required. If your child's name has changed since baptism, please contact parish of baptism and provide legal documentation for the name change.

CONFIRMANDI INFORMATION

Student's Name: _____
Last First Middle

Confirmation Name: _____

Date of Birth: _____ City and State of Birth: _____

Date of Baptism: _____

Church of Baptism: _____

Church of Baptism Address: _____

City: _____ State: _____ Zip Code: _____

Confirmant Education: ☐ Home Schooled ☐ PSR

Name of School: _____

Confirmation Sponsor's Name: _____

PARENT INFORMATION

Father's Name: _____
Last First Middle

Parishioner: ☐ Yes ☐ No

Father's Phone number: _____ Father's Email: _____

Mother's Name: _____
Last First Middle

Mother's Maiden name: _____ Parishioner: ☐ Yes ☐ No

Mother's Phone number: _____ Mother's Email: _____

FOR OFFICE USE ONLY

Confirmation date: _____ Minister: _____

Register recorded date: _____ Recorded by: _____

PHOL recorded date: _____ Recorded by: _____