HOLY CROSS CATHOLIC CHURCH
CONFIRMATION CANDIDATE INFORMATION AND RECORD FORM

(Please print clearly.)

CANDIDATE'S NAME

_____
(first) (middle) (last)

Address: _____

City, State, Zip: _____

Phone: _____

Birth City _____ State: _____

Date: _____
Month Day Year

Father's Name: _____
(first) (last)

Mother's Name: _____
(first) **(maiden name)** (last)

Baptized at: _____ Church

Address: _____

City, State, Zip: _____

Date of Baptism: _____
Month Day Year

HC _____

Page ____

We must have a copy of the Baptismal Certificate. If your child received Baptism at Holy Cross Church we already have a copy.

Has the candidate made First Eucharist? _____

Has the candidate made First Reconciliation? _____

Please return this form and a copy of your child's Baptismal Certificate to the church office by February 28, 2018.