APPLICATION FOR ENROLLMENT IN THE CONFIRMATION PREPARATION PROGRAM

In order to be enrolled for the Sacrament of Confirmation, the following information is required. We will also need a copy of your Baptismal Certificate (unless you already have one on file at St. Rita's). You should also provide us with a copy of your First Communion Certificate.

PLEASE TYPE OR PRINT CLEARLY: This information will be used to create an accurate Confirmation certificate!

NAME OF PERSON TO BE CONFIRMED:

(Type/write the name of the candidate exa	ctly as you would like it to appea	r in the Confirmation Program)
DATE OF BIRTH:		
PLACE OF BIRTH: City		
HOME ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE NUMBER:		
FATHER'S NAME:		
MOTHER'S FULL <u>MAIDEN</u> NAME		
HOME PARISH:		
	RECORD OF BAPTISM	
YEAR OF BAPTISM:		
CHURCH OF BAPTISM:		
CITY AND STATE OF CHURCH: _		
RECOR	D OF FIRST HOLY COMMU	JNION
YEAR OF FIRST COMMUNION:		
CHURCH WHERE FIRST COMMUN	NION RECEIVED:	
CITY AND STATE OF CHURCH:		