

CONFIRMATION INFORMATION SHEET

St. Martin of Tours Parish – Cecil, WI

FULL NAME: _____

PHONE: _____ E-MAIL: _____

ADDRESS: _____

DATE OF BIRTH: _____

CHURCH OF BAPTISM: _____

CHURCH OF FIRST CONFESSION & FIRST COMMUNION (IF
DIFFERENT THAN BAPTISMAL CHURCH):

IF BAPTIZED IN NON-CATHOLIC CHURCH, GIVE DATE OF RECEPTION
INTO FULL COMMUNION WITH CATHOLIC CHURCH AND LIST NAME
OF THE CATHOLIC CHURCH:

CONFIRMATION SPONSOR (WHO MUST BE A CONFIRMED,
PRACTICING CATHOLIC, and a MEMBER OF A CATHOLIC PARISH):

SPONSOR'S PARISH: _____

YOUR CONFIRMATION NAME: _____

_____ PROOF OF BAPTISM

_____ CONFIRMATION RETREAT

_____ INTERVIEW WITH DEACON

_____ LETTER TO BISHOP

[Due one month before Confirmation]

_____ SERVICE ACTIVITY LOG

_____ BISHOP'S STUDY GUIDE