

**Confirmation Information**  
St. John the Evangelist Catholic Church

Full Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone H) \_\_\_\_\_ C) \_\_\_\_\_

O) \_\_\_\_\_

Email \_\_\_\_\_

*please indicate by a check mark next to one of the above your preferred method of receiving information.*

Birthdate: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Parents:

Father \_\_\_\_\_ Religion: \_\_\_\_\_

Mother \_\_\_\_\_ Religion: \_\_\_\_\_

**Baptized: Yes\_\_ No\_\_**

**Church of Baptism** \_\_\_\_\_

**Date of Baptism** \_\_\_\_\_

**Have you received First Holy Communion? Yes\_\_ No\_\_**

Sponsor: \_\_\_\_\_