

Our Lady of the Fields Church
Application for the Reception of Confirmation
2018-2019

Please Print Clearly

Date: _____

Full Name of the Candidate: _____
(First) (Middle) (Last)

Address: _____
(City) (State) (Zip)

Phone Number: _____ Date of Birth: _____ City & State _____

School: _____ Grade: _____

Family email address: _____

Father's Full Name: _____

Mother's Full Maiden Name: _____
(please list mother's maiden name)

RECORD OF BAPTISM

Please submit a copy of the child's Baptism Certificate

Date of Baptism: _____
(Month) (Day) (Year)

Church of Baptism: _____

City: _____ State: _____ Zip: _____

The below information can be provided at a later date if unknown at this time:

I am keeping my Baptismal name for my Confirmation name

My Confirmation name will be: _____

My Sponsor's name is: _____

Sponsor's Home Parish including City and State: _____

For questions, please contact the Faith Formation Office at (410) 923-6953.