

Please complete this form in its entirety with neat, legible printing and return it to your parish. Accuracy is critical as this information will be used to complete your permanent sacramental records and by your parish to register you with the Diocese of Marquette for the celebration of the Sacrament of Confirmation.

- Please refer to www.dioceseofmarquette.org/diocesanconfirmation for exact time and locations of Confirmation Masses

CONFIRMATION APPLICATION		
CONFIRMATION CANDIDATE INFORMATION		
Name:	Grade in School:	
Street address:		
City:	State:	ZIP Code:
Phone:	Email:	
Date of birth:	Date of Baptism:	Confirmation Name:
CONFIRMATION CANDIDATE'S CURRENT PARISH		
Name:		
City:	Is this the Church of your baptism? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, skip to Parent Information)</i>	
CONFIRMATION CANDIDATE'S CHURCH OF BAPTISM		
Name:		
Street Address:		
City:	State:	ZIP Code:
PARENT INFORMATION		
Father's Name: <i>(First & Last)</i>		
Mother's Name: <i>(First, Maiden, & Last)</i>		
SPONSOR INFORMATION		
<u>REQUIREMENTS FOR BEING A SPONSOR</u>		
<ul style="list-style-type: none"> • Of sufficient maturity to fulfill the role of Sponsor (at least 16 years of age) • Membership in the Catholic Church • A practicing Catholic in good standing (may require a letter from their pastor to your parish) • A fully initiated Catholic (have been Baptized, Confirmed, received Eucharist) • <u>May not be the candidate's father or mother</u> 		
Name:		
Street Address:		
City:	State:	ZIP Code:
Phone:	Email:	
CELEBRATION OF CONFIRMATION PREFERENCE		
Please choose which celebration you prefer		
<input type="checkbox"/> Vicariate Celebration <input type="checkbox"/> Diocesan Celebration		
SIGNATURES		
Signature of applicant:		Date:
Signature of parent:		Date: