

Saint Andrew Catholic Church

Phone: (859) 734-4270 ✕ 1125 Danville Road Harrodsburg KY 40330 ✕ Facsimile: (859) 733-9770

REGISTRATION FORM FOR THOSE RECEIVING THE SACRAMENT OF CONFIRMATION

Name of the Confirmandus: _____ Confirmation Name: _____

First Name *Middle Name* *Family Name*

Church of Baptism: _____ Date of Baptism: _____
Month *Day* *Year*

Address of the Church of Baptism: _____

Number *Street* *City* *State* *Zip Code*

Please attach a photocopy of the Certificate of Baptism

Father's Full Name: _____
First Name *Middle Name* *Family Name*

Mother's Full Name: _____
First Name *Middle Name* *Maiden Name*

Address: _____
Number *Street* *City* *State* *Zip Code*

Home Number: _____ Cell Phone Number: _____

Email Address: _____

Confirmation Sponsor: _____
First Name *Middle Name* *Family Name*

Home Parish of the Confirmation Sponsor: _____

Number *Street* *City* *State* *Zip Code*

FOR OFFICE USE ONLY

Date of Confirmation: _____

Minister of the Sacrament of Confirmation:

When applicable:
 Letter of Delegation Filed for Bishop's delegate

- | |
|---|
| <input type="checkbox"/> Certificate of Confirmation Sent |
| <input type="checkbox"/> Recorded in the Sacramental Register |
| <input type="checkbox"/> Updated in the Parish Data System (PDS) |
| <input type="checkbox"/> Notification Sent to the Church of Baptism |