

Queen of the Most Holy Rosary Parish

599 West Center Street, Elysburg, PA 17824

Application for the Reception of the Sacrament of Confirmation

NAME OF CONFIRMAND _____

HOME ADDRESS _____

BIRTH DATE _____

SCHOOL _____

HOME PARISH _____

FATHER'S FIRST & LAST NAME _____

MOTHER'S FIRST, MAIDEN, LAST NAME _____

(Maiden name needed for diocese records)

RECORD OF BAPTISM

If the confirmand was baptized at QMHR parish no baptismal certificate need be submitted, only the date of baptism is required to check the parish records. If the confirmand was baptized in another parish a certificate of Baptism must be submitted with this application.

Date of Baptism _____

Church of Baptism _____

Church (full) Address _____

All candidates for Confirmation must participate in a two year Immediate Preparation program to be eligible to receive the sacrament therefore all candidates must attend any and all scheduled periods of instruction, retreats and liturgies.

I have read and understood the above expectations for reception of the Sacrament of Confirmation:

Parent Signature _____