

DATA FOR CONFIRMATION REGISTRATION

Return this form by last Sunday in October.

St. John the Baptist
106 West Main St., PO Box 8
Vermillion, MN 55085
651-437-9030

St. Mary
8433 239th Street
Hampton, MN 55031
651-437-5546

St. Mathias
23315 Northfield Blvd.
Hampton, MN 55031
651-437-9030

Name of Candidate: _____

Residence (Address): _____

Telephone Number: _____

Your Parish: St. John the Baptist St. Mary St. Mathias _____

Birth: Date: _____ **Place:** _____

Baptism: Date: _____ **Church:** _____

Father's Name: _____ **Religion:** _____

Mother's Maiden Name: _____ **Religion:** _____

Godfather's Name: _____

Godmother's Name: _____

Date of First Eucharist: Church: _____

Confirmation Name: _____

Confirmation Sponsor Name: _____

Peer Sponsor: _____

Years of Religious Education: _____

Attach copy of candidate's baptismal certificate if not baptized at one of the Tri-Parishes listed at the top.

For Office Use Only:

Entered into

Baptismal Register ___

Confirmation Register ___

Notification Letter ___