

Confirmation Sacramental Information 2009-2010

Saint Rose of Lima Religious Education Office
38 Church Hill Road, Newtown, CT 06470 Telephone (203) 426-2333 Fax (203) 426-8074

*All information below is necessary to register and obtain sacramental certificates upon reception of the Sacrament of Confirmation.
Please do not leave any blanks. Due date: November 1, 2009*

CANDIDATE INFORMATION

Last Name _____ First Name _____
(As it should appear on certificates)
Street _____ City _____ State _____ Zip _____
Home Phone _____ Birth Date _____ Birth City _____ Birth State _____
Confirmation Name _____ Catechist _____

PARENT INFORMATION

Father: First Name _____ Mother: First Name _____
Mother: Maiden Name _____ Different Last Name _____

BAPTISM

Parish _____ City _____ State _____
Date _____ (MM/DD/YYYY) *Certificate Verified by Rel Ed (Office Use Only)*

FIRST COMMUNION/EUCHARIST

Parish _____ City _____ State _____
Date _____ (MM/DD/YYYY) *Certificate Verified by Rel Ed (Office Use Only)*

SPONSOR INFORMATION

Sponsor's Name _____
(Last Name) (First Name)
Sponsor's Parish _____
(City) (State) (Zip)

IMPORTANT: Sponsor Certificate must be obtained by the sponsor from his/her parish and returned to the Religious Education Office by *November 1, 2009*. Please note candidate's name on sponsor certificate. Sponsors from St. Rose parish need only sign the certificate - Pastor signature is not needed.

Sponsor Certificate Verified by Rel Ed (Office Use Only)