

Saint Stephen Parish

8030 Bradshaw Road
Kingsville MD 21087

Office of Faith Formation

Sr. Angela DeFontes, osf, Director
410-592-8666

**Registration for the Celebration of
Confirmation for Catholics
2014 – 2015**

Information for Person to be Confirmed

Name as it appears on the
Baptismal Certificate: _____

Name Student Likes to be called: _____

Age (at time of Confirmation): _____

School Currently Attending: _____

Father's Full Name: _____

Mother's Full and **Maiden** Name: _____

Child lives with: _____

Address (Street, City, Zip Code): _____

Phone No.: _____

Parent Email: _____

Church Where Child Was Baptized: _____

(If other than St. Stephen Parish, please provide Baptismal Certificate.)

Date of Baptism: _____

****Confirmation Name:** _____

****Sponsor's Full Name:** _____

**** Leave blank if not known at this time. Information will be given on how to select a Confirmation Name and Confirmation Sponsor.**