

Chippewa Falls Deanery Confirmation Record Information

Due: Feb. 4 or earlier

Please fill in all the information below for your Confirmation Candidate:

Parish Affiliation (Where registered) _____

Name: Last _____ First _____ Suffix _____ Middle _____

Age on date of Confirmation (age they will be this Spring) _____

Date of Birth _____

Name of Parish/Church of Baptism _____

Address of Parish/Church of Baptism _____
Street address City/State/Zip

Date of Baptism _____

Home Address _____
Street address City/State/Zip

Father's Full Name _____

Mother's Full Name _____

Mother's Maiden Name _____

-----Leave the below blank if not yet known-----

Confirmation Name (Saint Name) _____

Confirmation Sponsor's Name _____