

## Cathedral Diocesan Confirmation Form

Contact the Worship Office at 269-903-0193 or [dreilly@dioceseofkalamazoo.org](mailto:dreilly@dioceseofkalamazoo.org) for upcoming Confirmation dates. Please submit the completed form for each Catholic adult candidate and/or the candidates of your parish youth Confirmation class who wish to be confirmed at the Cathedral on (month) \_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ at the Diocesan Confirmation Mass. The completed form is due **four weeks before the Confirmation Mass**. Incomplete information may result in Confirmation being postponed.

### **Parish Coordinator** (please type or print neatly)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ email \_\_\_\_\_

Phone \_\_\_\_\_ Name of parish \_\_\_\_\_ City \_\_\_\_\_

### **Candidate for Confirmation – required information**

Full name (first, middle, last) \_\_\_\_\_

Chosen Confirmation name (if different from baptismal name) \_\_\_\_\_

Date and year of birth \_\_\_\_\_ date and year of Baptism \_\_\_\_\_

Church of Baptism (name, street address, city/state/country) \_\_\_\_\_

Attach a copy of the baptismal certificate \_\_\_\_\_ Grade level (for youth only) \_\_\_\_\_

Father's name (first and last) \_\_\_\_\_

Mother's name (first, last and MAIDEN name) \_\_\_\_\_

Sponsor's name (first, last) \_\_\_\_\_

Relationship of sponsor to the candidate (a parent may not sponsor their child) \_\_\_\_\_

Has the candidate received first Holy Communion?     yes     no

**The Pastor's signature is required verifying that the candidate has been prepared and is properly disposed to receive the Sacrament.**

Pastor \_\_\_\_\_

You may FAX the completed form and certificate to the Office of Worship at 269-903-0194 no later than four weeks before the Confirmation Mass or mail them to the Office of Worship, 215 N. Westnedge Avenue, Kalamazoo, MI 49007-3760.