

RECORD OF CONFIRMATION
ST. JOHN THE EVANGELIST CATHOLIC CHURCH
AND
THE CHURCH OF THE TRANSFIGURATION OF OUR LORD MISSION

Date and Time of Confirmation ___ / ___ / ___ **Church** _____

Sacrament administered by _____

Name of Person to Confirmed _____

Confirmation Name _____

Date of Birth ___ / ___ / ___ **Place of Birth** _____

Date of Baptism ___ / ___ / ___ **Place of Baptism** _____

Father's Name _____

Mother's Name (Maiden) _____

Sponsor's Name _____ **Denomination – Catholic**