

CANDIDATE FORM

NAME _____
Last First Middle

ADDRESS _____

TELEPHONE _____ **E-MAIL** _____

DATE OF BIRTH _____
Month Day Year

DATE OF BAPTISM _____
Month Day Year

PLACE OF BAPTISM Church _____
Street _____
City _____ State _____

COPY OF BAPTISMAL CERTIFICATE NEEDED IF NOT BAPTIZED AT ST. JOHN VIANNEY

FIRST COMMUNION Date _____ Church _____
City\State _____

MOTHER'S NAME _____
First Maiden Name

FATHER'S NAME _____
First Last

NAME OF SPONSOR _____
(Please print) First Last

SPONSOR'S PARISH _____

CHOSEN CONFIRMATION NAME (if chosen) _____