

CONFIRMATION REGISTRY BOOK INFORMATION

This information about the confirmation candidate is used to enter the information into our sacramental register. **Please Print Clearly**

First Name: _____

Middle Name: _____

Last Name: _____

Confirmation Name: _____

Birthdate: _____ Age: _____

Date of Baptism: _____

Name of Baptismal Church:

Address (include the zip code) of Baptismal Church:

Birth Parents' Names

Mother's First & **MAIDEN** Name:

Father's First & Last Name:

Your Address:

Sponsor's First & Last Name:

Office Use Only
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Please return this form by December 2, 2022 to:

St. Matthew Parish 1001 E Schaumburg Road . Schaumburg, IL 60194