

St. Agnes Cathedral *CONFIRMATION Application* 2nd Year Program (For those who were enrolled in PSR, or Catholic School 2022-23) 2023-24 (Please Print)

Baptismal Name (last, first, m	lle)	-
Address		
Candidate's Cell Phone	Date of Birth	-
Candidate's E-mail		_
Best way to contact you: In accordance with Diocesan Safe Environmenta guardian.)	Text CallEmail Dicies, all correspondence with a minor age child will also be sent to the parent of	q
	ompiled at the Candidate's parish of Baptism. Please provid n the candidate's confirmation can be sent to the parish of B	
Candidates Parish of Baptism Location of Parish:		_
Date of Baptism certificate to St. Agnes Cathed	You can also provide a copy of the Bapt	ismal
Father's Name	Father's phone #	
Mother's Name	Mother's Phone#	
Father's email:	Mother's email:	
Best way to contact:	allTextE-Mail	
Primary person to contact: If this person is a guardian, please include pho	nd email	
Sponsor	Sponsor's Parish	
	Catholics and if they are not members of St. Agnes tion Form will need to be sent to St. Agnes Cathedral	from
Why have you chosen this perso	o be your sponsor?	



Do you feel you can share questions about your faith with this person and why?

During Confirmation, you will choose a saint name, What saint have you chosen for Confirmation? Please be specific, for example, there are many different St. John's. What name will you choose?

To you, what is the importance of Confirmation?_____

If you could ask one question about Confirmation or the Catholic faith, what would that question be?_____

Are there any special personal considerations that our parish needs to consider as we prepare for the sacrament of Confirmation?

Parent or Guardian and Candidate, please sign below

Candidate's Signature

Parent Signature