

Application for the Reception of the Holy Sacrament of Confirmation

Queen of Apostles Roman Catholic Church
Alexandra, Virginia
703-354-4360

Please Print Clearly the information requested below

The Confirmation candidate's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Name of Parents or Guardians: _____
Father Mother

Mother's Maiden Name: _____

Sacramental Record

Baptism

Date of Baptism: _____

Church of Baptism: _____

City: _____

State: _____

Zip: _____

First Holy Communion

Date of First Penance (if available): _____

Date of First Holy Communion: _____

Confirmation

Confirmation Name(Saint's Name): _____

Confirmation Sponsor Name: _____

Sponsor's Home Parish: _____

I hereby understand the requirements to receive the Holy Sacrament of Confirmation and I will put forth my best efforts to complete these requirements.

Signature of Candidate

Date