



TASTE AND SEE CONFIRMATION PROGRAM CONFIRMATION REGISTRATION FORM 2011-12



Please return this completed form to the Faith Formation Office by January 6, 2012.

❖ **Confirmation Candidate's Full Name** *(Please include First Name, Middle and/or Confirmation Name and Last Name – No nicknames or initials please):*

❖ **Candidate's Date of Birth** _____

❖ **Place of Baptism** _____
(Please include name of church, City and State where church is located)

❖ **Date of Baptism** _____
(Note: if your child was not baptized at St. Edwards attach a copy of their Baptismal Certificate to this form)

❖ **Family Address:** _____

❖ **Family Phone #:** _____

❖ **Family Email Address:** _____

❖ **Father's Name:** _____

❖ **Mother's Name (including Maiden Name):** _____

❖ **Sponsor's Name and Address:** _____

