

CONFIRMATION FORM

Please write clearly, and in **CAPITAL LETTERS**

PARTICULARS OF CANDIDATE TO BE CONFIRMED

1a. Confirmation name to be given: _____

1b. Baptism name: _____

1c. Other names: _____

1d. Surname/Family name: _____

1e. Date of birth (DD/MMM/YYYY) _____

1f. Sex: _____

1g. Phone: _____

1h. Email: _____

1i. Occupation/Profession: _____

1j. Marital status: (please tick appropriate box)

Single Married Widow Widower Separated Divorced

1k. Highest education: (please tick one appropriate box)

Primary Junior Secondary Senior Secondary OND NCE

HND Bachelor Master Doctorate

RECORD OF SACRAMENTS RECEIVED IN *THE CATHOLIC CHURCH*

a. Baptism— Date: _____

Church: _____

Diocese: _____

NLB: _____

b. Holy Communion—Date: _____ Place: _____

c. Marriage—Date: _____ Place: _____ Partner: _____

SPONSORS: (must be practicing Catholics)

(1) Full Names: _____

(2) Full Names: _____

Priest's remarks, signature and date: _____