

ST. OLAF PARISH
623 Jefferson Street
DeForest, WI 53532
Faith Formation Office: 846-5726

Confirmation Preparation Form

*Please fill out this form and return it to the Faith Formation Office.

GIVEN NAME OF CANDIDATE: _____
LAST FIRST MIDDLE

Confirmation Name: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT'S NAMES: Father- _____
LAST FIRST MIDDLE

Mother- _____
LAST FIRST MIDDLE MAIDEN NAME

BAPTISMAL INFORMATION OF CANDIDATE: If baptized **other than at St. Olaf Parish, DeForest**, in addition to the information below, **please attach** a copy of your Certificate of Baptism.

Date of Birth: _____ Date of Baptism: _____

CHURCH WHERE BAPTIZED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONFIRMATION SPONSOR INFORMATION:

SPONSOR'S NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ROBE SIZE: Height: _____