



**Saint Philip the Apostle Parish**  
 725 Diamond Street San Francisco, CA 94114  
 P: 415-282-0141 | E: info@saintphilipparish.org

## Information Sheet for CONFIRMANDI

Please PRINT clearly the requested information

Today's Date: \_\_\_/\_\_\_/\_\_\_

### CANDIDATE'S INFORMATION

Full Name: \_\_\_\_\_ M / F  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street No. Street Name City/ State ZIP Code

Phone No. (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Confirmation Name: \_\_\_\_\_ School \_\_\_\_\_

Full Name of Sponsor \_\_\_\_\_  
First Middle Last

### BAPTISMAL / FIRST COMMUNION RECORDS (Copy of Baptismal Certificate MUST be attached)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City/State/Country

Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_  
Month Day Year

Mailing Address of Church of Baptism \_\_\_\_\_  
Street No. Street Name City/ State ZIP Code

Date of First Communion \_\_\_\_\_ Place of First Communion \_\_\_\_\_  
Month Day Year City/State/Country

Church of First Communion \_\_\_\_\_

Father's Full Name: \_\_\_\_\_  
First Middle Last

Mother's Full Name \_\_\_\_\_  
First Middle MAIDEN Last Name

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 Parent /Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Signature / Date Signature / Date

Parent Phone No. (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### FOR OFFICE USE ONLY (Initial & Date Accomplished)

Baptismal Certificate received \_\_\_\_\_ Parish of Baptism Notified \_\_\_\_\_

Confirmation Administered \_\_\_\_\_ If at St Philip Church, Baptism Registry Page/No. \_\_\_\_\_

Confirmation Recorded \_\_\_\_\_ Certificate Sent to Confirmandi \_\_\_\_\_