

Candidate's Information for the Church Register

DUE: September 15, 2019



Candidate's Name (Please print)

First

Last

Confirmation Name _____

Age _____ (As of April, 2020)

Church of Baptism _____

City

State

Zip

Attach copy of Baptismal certificate if other than St. Thomas of Villanova.

Date of Baptism _____

Place of Residence _____

Street address

City

State

Zip

Birth Parents **Father** _____

Mother _____

First

Maiden Name

Sponsor _____

First

Last

Sponsor's Church* _____

City

State

Zip

* Please attach a certificate of eligibility if sponsor is from a church other than St. Thomas of Villanova.

To be completed by pastoral staff

Interviewed by:

Date: