

Candidate's Information for the Church Register



Candidate's Name

First **Middle** **Last**

Confirmation Name

Age _____ (As of next Spring)

Church of Baptism _____

City **State** **Zip**

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

Date of Baptism _____

Month **Day** **Year**

Home Address _____

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: