St. Mary Magdalene Catholic Church
625 Magdala Place, Apex, North Carolina 27502

Confirmation Candidate Information Sheet

Name of Candidate: _____
Last First Middle

Candidate's Chosen Confirmation Saint: _____

Date of Birth: _____
Month/Day/Year

Date of Baptism: _____
Month/Day/Year

Church of Baptism*: _____

* Or church where the candidate was received into the Catholic Church, if the candidate was baptized outside the Catholic Church.

Church of Baptism* mailing address: _____

_____

_____

Father's Name: _____
Last First Middle

Mother's Name: _____
Last **(Maiden)** First Middle

Sponsor's Name: _____

Sponsor's Proxy Name (if applicable): _____