

CONFIRMATION Information Form
Immaculate Conception Parish, Colorado Springs, CO

Today's Date: _____

Baptismal Name:

First / Middle / Last _____

Legal Name (If different) _____

Date of Birth _____ Sex: M / F Age: _____

Birthplace (City / State) _____

Date of Baptism _____

_____ Baptized at Immaculate Conception Parish

OR

_____ Submit Baptismal Certificate (not a copy, must call/write the **original Parish of Baptism** and have them mail to: **IC Parish, PO Box 5211, Colorado Springs CO, 80931-5211**, this certificate will be retained by IC Parish)

Name of Church of Baptism _____

Address

City, State, Zip

If Military Archdiocese Baptism, Record # _____

CONFIRMATION (Saint) NAME: _____

Father's Name:

First / Middle / Last _____

Mother's MAIDEN Name:

First / Middle / MAIDEN _____

Family Address:

Street

City / State / Zip Code: _____

Primary Phone number: _____ **E-Mail** _____

Sponsor:

First / Middle / Last _____

___ Parishioner of Immaculate Conception Parish

OR

___ Submit a Letter of Good -Standing from Sponsor's Parish

Church Name

Address

City / State / Zip _____

___ Proxy, if necessary / Name _____

*******Office Use Only*******

Date of Confirmation _____ Time: _____

Confirmed by: _____

Certificate Mailed ___ or Hand Delivered ___ Date: _____ Date Notification Sent
