

# St. Peter Parish

6161 Chambersburg Road  
Huber Heights, OH 45424  
(937)237-3516

## Confirmation Information Sheet

Parents,

Please fill our **COMPLETELY** the information on this sheet for your child being confirmed and return it to the Religious Education Office, Room 219, to your Religion teacher or bring it with you to your Retreat Day. Form is due **NO LATER THAN your scheduled Retreat Day Saturday, October 15<sup>th</sup> or 29<sup>th</sup>, 2011.**

NOTE: **ALL INFORMATION NEEDS TO BE COMPLETED ON THIS SHEET** regardless of whether you have submitted this information to either the school or Religious Education Office previously. The Religious Education Office will use the information on this sheet to fill in the card that is presented to the Archbishop/Bishop at Confirmation.

### PLEASE PRINT:

Child's Name:

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*First*

*Last*

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

Child's Full Address: \_\_\_\_\_

Age at Confirmation: \_\_\_\_\_ Baptism Date: \_\_\_\_\_

(Please provide full date – regardless  
of where you were baptized.)

Baptized at Church: \_\_\_\_\_

**(Note: The following information is necessary in order to mail notification of your child's Confirmation to the Church where he/she was baptized – give full address.)**

Full Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Full Names: (Father) \_\_\_\_\_

(Mother's Maiden name) \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Office Use Only:

Celebrant: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_

**Return no later than Saturday, October 15<sup>th</sup> or 29<sup>th</sup>, 2011 - Retreat Day.**