

**Holy Cross Religious Education Program  
Confirmation Candidate Information Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent(s) or Guardian Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

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

School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Candidate Received Baptism on at (church name) \_\_\_\_\_ located

in (city, state) \_\_\_\_\_ on (date) \_\_\_\_\_

**Holy Cross must have a copy of the baptismal Certificate on file  
before March 1st**

**Confirmation Checklist:**

**Copy of Baptismal Certificate** \_\_\_\_\_

**Participated in Weekend Retreat** \_\_\_\_\_

**Had an interview with member of Parish Staff** \_\_\_\_\_

**Attended Confirmation Rehearsal** \_\_\_\_\_