



Saint Bernard's Parish
Religious Education Confirmation Program
415 Tower Hill Road, North Kingstown, RI 02852
(401) 295-0387 Fax (401) 295-1713

Confirmandi Information Form

(Please print clearly as this is what is used to make you certificate)

Confirmation

Candidates Name: _____

Your full birth date: _____

**The Church of
Your Baptism:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

The Date you were baptized: _____

Your Confirmation Name: _____

Your Catechist's Name: _____

Sponsor's Name: _____

Sponsor's Parish: _____

Father's Name: _____

Mother's Name (maiden Name): _____

Candidate Signature: _____ **Date:** _____

For Parish Use

- **Number of service hours completed:** _____
- **Completed Sponsor Certificate received:**
- **Baptism confirmed:**
- **Participant in mass:** **Lector:** **Gifts:**
- **Saint Confirmation Name Form completed:**
- **Bishop Letter Received:**
- **Name Tag Made:**
- **Attended rehearsal:**

Parish Signature: _____ **Date:** _____