

*Office of Religious Education for St.Catharine-St.Margaret Parish
301 Second Avenue, Spring Lake, NJ 07762
732-449- 4424 Ext. 310*

Application for Confirmation

(Please print all information)

Name of Confirmandi/candidate:_____

Your chosen Confirmation Saint Name:_____

Date of Baptism: _____
Month Day Year

Church of Baptism:_____

Street address City State/Zip

A copy of the baptismal certificate must be included even for those baptized at St. Catharine Parish. The Diocese requires us to have this in our records.

Name of Father/Guardian:_____
First name Last Name

Name of Mother/Guardian:_____
First Name Maiden Name

Contact Information:_____
Street Address City

Email:_____

cell phone #:_____

Name of Present School: _____

Name of your Sponsor:_____

Certificate of eligibility required **even for parish members**

This is the responsibility of your sponsor to obtain from their home parish.