



St. Luke the Evangelist Catholic Church

CONFIRMATION



5605 Cloverly Avenue, Temple City, CA 91780 ♦ (626) 291-5912 ♦

youthministry@stluketemplecity.org

NECESSARY CONFIRMATION INFORMATION

Please do not complete the highlighted parts until the information is set in stone

FIRST, MIDDLE, AND LAST NAME _____

CONFIRMATION (SAINT) NAME _____

BIRTH DATE (MO/DAY/YR) ____ / ____ / ____ CITY, STATE OF BIRTH _____, _____

STREET ADDRESS _____ TELEPHONE NUMBER (____) ____ - ____

_____ AGE AT CONFIRMATION ____ HEIGHT ____

FULL NAME OF FATHER _____

FULL NAME OF MOTHER (WITH **MAIDEN** LAST NAME) _____

NAME OF CONFIRMATION SPONSOR _____

(Please note: Confirmation sponsor MUST be a confirmed, practicing Catholic at least 16 years of age)

CHURCH OF BAPTISM _____

CITY, STATE OF BAPTISM _____, _____

DATE OF BAPTISM ____ / ____ / ____

IF THE BAPTISM DID NOT TAKE PLACE AT ST. LUKE CHURCH, PLEASE ENCLOSE A COPY OF THE BAPTISMAL CERTIFICATE UNLESS YOU HAVE ALREADY SUBMITTED IT.