



HOLY TRINITY

CATHOLIC CHURCH

2024 CONFIRMATION INFORMATION

Please return to the Parish Office as soon as possible. Thank you!

CHILD'S INFORMATION

Name:

First: _____

Middle: _____

Last: _____

Confirmation Name: _____

Date of Birth: _____

Place of Birth: _____

Age: _____

Current Address: _____

Sponsor's Name: _____

BAPTISM INFORMATION

Date of Baptism: _____

Church where Baptized: _____

Address: _____

PARENT'S INFORMATION

Father's Name:

First: _____

Middle: _____

Last: _____

Mother's Name:

First: _____

Middle: _____

Maiden Name: _____