



Confirmation

Saint Olaf Catholic Church Confirmation Registration Form

Candidate's Full Name:

First Name

Middle Name

Last Name

Address:

Street

City

State

Zip Code

Home Phone: _____

Age when Confirmed _____

Date of Birth: _____

Parent's email: _____

Father's **FULL** Name:

First Name

Middle Name

Last Name

Mother's **MAIDEN** Name:

First Name

Middle Name

MAIDEN Last Name

Candidate's Date of Baptism: _____

Were you baptized here at Saint Olaf Catholic Church? Y/N If not, give the name and address of the church where you were Baptized:

Name of Church

Street

City

State

Zip Code

Received First Holy Communion at Saint Olaf? Y/N If NO name of church. _____

YOU WILL HAVE TO get a copy of your Baptismal Certificate from this Church – ASAP

It may be mailed to:

Saint Olaf Catholic Church

276 East 1700 South

Bountiful, UT 84010

Fax:

801-295-8261

Office Use Only

Confirmation (Saint) Name _____

Sponsor's Full Name: _____