Confirmation Registration Form

Candidates Name: ___________________________________

Address: _______________________________________ City: ________________________________

Phone Number: ______________________________ Cell Number: _______________________________________

School Attending: __________________________________

Email address: [ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Date of Birth: _______________________________ Place of Birth: ____

Date of Baptism: ___________________________ Place of Baptism: ____________________________________

Father's Name:____ Cell phone: _______________________________

Email address: [ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Mother's Name: ____ Cell phone:______________________________

Maiden: _______________________________________

Email address: [ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Parents married at: _____________________________________ When:_____________________________

Sponsors Name: _______________________________________ Phone Number:_____________________

Address: ____ Cell Number: ______________________

City: __________________________________ State: ____________ Zip Code: __________________

Email: [ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ]

Home Parish: ____

Please return to:

Guardian Angels Church
Attn: Faith Formation
215 West 2nd St.
Chaska, MN 55318