

# Chrismation (Confirmation) Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: (Name of Hospital, City) \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Baptism: (Church, City) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Religion: (Melkite, Roman, etc.) \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Religion: (Melkite, Roman, etc.) \_\_\_\_\_

**ONE SPONSOR MUST BE AN ACTIVE PRACTICING CATHOLIC AND ABLE TO PROVIDE A CERTIFICATE TO CONFIRM IT.**

First Sponsor's Name: \_\_\_\_\_

First Sponsor's Religion: (Melkite, Roman, etc.) \_\_\_\_\_

Second Sponsor's Name: \_\_\_\_\_

Second Sponsor's Religion: (Melkite, Roman, etc.) \_\_\_\_\_

Comments (it any):

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**WE UNDERSTAND THAT AS PARENTS AND SPONSORS, OUR DUTY AND RESPONSIBILITY IS TO TEACH OUR CHILD THROUGH THE HELP OF THE CHURCH THE MELKITE LITURGICAL, SPIRITUAL, AND THEOLOGICAL TRADITIONS.**

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature