

CONFIRMATION REGISTRATION CARD

St. Thomas More Church 550 Riverview Avenue, Sanford FL 32771

FULL BAPTISMAL NAME _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Current Parish _____ City _____ State _____

Male Female Age _____ Date of Birth _____

Regular Confirmation Conditional Confirmation Confirmation Name _____

Father's Full Name _____

Mother's Full Maiden Name _____

My Sponsor is (full name) _____

He/She will will not be present. I do do not need a proxy. I do not have a sponsor.

I received the Sacrament of Baptism in _____ Church.

 Date _____ City/State _____

I received the Sacrament of Penance. Date _____

I received First Holy Communion. Date _____

For questions please contact st.thomasmore.priory@gmail.com / (407) 872-1007

**THOSE NOT BAPTIZED AT ST. THOMAS MORE CHURCH
MUST INCLUDE COPIES OF BAPTISMAL CERTIFICATES.**