

Confirmation Register

Information required for parish sacramental records.

Full Legal Name of Person to be Confirmed _____

Confirmation Name Chosen _____

Home Address _____

Date of Birth _____ Age ____ Place of Birth (city, state) _____

Marital Status (circle one): single married divorced widow(er)

Date of Baptism _____ Name of Church _____

Address of Church _____

Father's Full Name _____

Mother's Full Name (with Maiden) _____

Parent Contact Information:

Name _____ Phone _____

Email _____

Sponsor's Name _____ Eligibility _____

Name of Proxy (if applicable) _____

Additional Information:

1. The family is to be a registered member of St. Peter's Catholic Church.
2. Sacramental information will be sent to the place of Baptism.
3. Director of Faith Formation & Evangelization is Nancy Compton, 843-522-9555, ncompton@stpeters-church.org