



**APPLICATION FOR CONFIRMATION or RECEPTION
IN THE CHURCH OF THE HOLY CROSS**

Confirmation_____ or Reception_____ Date of Application:_____

Full Name: _____ Preferred Name:_____ Sex_____

Street: _____

Mailing Address (if different)_____

City: _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail address _____

Father's Full Name _____

Mother's Full Maiden Name _____

Parent's Residence (if under 21) _____

Religious Affiliation of Parents _____

Applicant's Date of Birth _____ Current Age _____

Place of Birth _____

Date of Baptism _____ Denomination _____

Name and Location of Church where baptized _____

Confirmation Date _____ Time _____

Place of Confirmation _____

Presented By _____

Bishop Confirming _____

Priest _____

Comments _____

