



STS. PETER & PAUL PARISH
NATIVITY OF OUR LORD CATHOLIC CHURCH
3115 E. VICTORY DR., SAVANNAH, GA. 31404
Tel. 912-354-4014

REQUEST FOR CONFIRMATION

My name is: _____

Baptismal name: _____ **Confirmation name (if any):** _____

Born on (month, day, year): _____ **in (city, state):** _____

Baptised in the church of: _____

in (city, state): _____ **on (date):** _____

I am living now at (my address): _____

_____ **Telephone:** _____

E-mail: _____ @ _____

Father's name: _____ **Mother's name:** _____

Sponsor's name: (must be a practicing Catholic - God father or mother at Baptism is recommended): _____

From the parish: _____ **In (city & state):** _____

I request to receive the Sacrament of Confirmation from Bishop Stephen Parkes at Peter & Paul Parish.

Attached is my Certificate of Baptism (if I was not baptised in Sts. Peter & Paul).

My Signature,

Signature of my Parents,