

Candidate's Information for the Church Register

Candidate's Name (Please print)

First Last

Confirmation Name _____

Age _____

Church of Baptism _____

City State Zip

Attach copy of Baptismal certificate if other than St. Thomas of Villanova.

Date of Baptism _____

Place of Residence _____
Street address

City State Zip

Birth Parents Father _____

Mother _____
First Maiden Name

Sponsor _____

First Last

Sponsor's Church* _____

City State Zip

* Please attach a certificate of eligibility if sponsor is from a church other than St. Thomas of Villanova.

**To be completed by
pastoral staff**

Interviewed by:
Date: