Candidate's Information for the Church Register



Candidate's Nan	ne				,
First	Mi	Middle Last			
Confirmation N	ame				
Age (As o	f next Spring)			
Church of Bapti	sm				
		City		State	Zip
Attach copy of				St. Thomas	of Villa
Date of Baptism	Month	Day	Year	-	
Home Address_					
		Street ac	ldress		
		City		State	Zip
Birth Parents	Father_				
	Mother_				
		First			en Name
Sponsor					
Firs		Last			
Sponsor's Churc	en ^				
		City		State	Zip
*Please attach a <u>certificate of eligibility</u> if sponsor is from a church other than St. Thomas of Villanova.			s	To be completed by pastor	