

**St. Andrew The Apostle  
Confirmation Candidate Information Form (CCIF)**

**Candidate Information**

Candidate's Full Name (this is the name that will be printed on the Confirmation Certificate)

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Candidate's Confirmation (Saint) Name \_\_\_\_\_

**Baptismal Information**

Church of baptism \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Date of Baptism \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month

Day

Year

Baptized by: \_\_\_\_\_

*\*\*\* Please include a copy of Baptismal certificate if not baptized at St. Andrew \*\*\**

**First Communion Information**

Church of First Communion \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Date of First Communion \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month

Day

Year

**Confirmation Sponsor's Information**

Sponsor's Name \_\_\_\_\_

Sponsor's Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Sponsor's Parish \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_