

Youth Confirmation Candidate Form

I desire to become a candidate for the Sacrament of Confirmation & wish to participate in the preparation program offered by Epiphany Cathedral



Today's Date: _____

Ist Name		Middle		Last Name	
Date of Birth		Age		Male or Female	
Place of Birth		State		Country	
Both Parents' Names (or Guardians)					
Candidate's Street Address					
Mailing Address (If Different)					
City/State/Zip					
Home Phone			Candidate's Cell		
Mom's Cell			Dad's Cell		
Mom's E-mail			Dad's E-mail		

Baptism Information—(Copy of Baptismal Form to be attached to this form. If baptized at Epiphany Cathedral, no copy required)

Office Use: Baptism

1. Date of Candidate's Baptism _____
2. Candidate's Parish of Baptism: _____
 Address of Baptism Parish: _____
 City _____ State _____ Postal Code _____ Country _____
- c. Was Candidate Privately Baptized? Yes _____ No _____ If Yes, by whom _____
- Birth Mother's Name (Maiden Name) _____
- Birth Father's Name _____

- Was Candidate Adopted? _____ ► Did you receive 1st Communion? _____
- Was Name Legally Changed? _____ (Example through marriage or adoption, different from baptism) Name _____



Candidate's Signature _____

Return this form to Deacon Jun and Mrs. Colleen Roca
 Epiphany Cathedral • 310 Sarasota Street • Venice, FL 34285 • Phone (941)484-3505 •
 • FAX (941)488-9333 • Youth Ministry Dept. • Youth@EpiphanyCathedral.org •

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