

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, Venice, FL



Today's Date: _____

1st 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					
Candidates Cell		Candidate's Email			
Mom's Cell		Mom's Email			
Dad's Cell		Dad's Email			
Additional Information					

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 _____



Epiphany Cathedral • 310 Sarasota Street • Venice, FL 34285 •
Phone (941)615-0293 • FAX (941)488-9333
• Faith Formation Dept. • Reled@EpiphanyCathedral.org •