

Adult Confirmation and Contact Information

PLEASE PRINT

Baptismal Name: _____
First Middle Family

Married Name (if applicable) _____

Your Address: _____

City, State, Zip _____

Your Phone Number: _____ E-mail: _____

Your Date of Birth: _____ City: _____ State: _____

Date of Baptism: _____

Parish of Baptism: _____ City: _____ State: _____

Parents' Names: Father _____

Mother's Maiden Name _____

Date of Confirmation: 10:00 a.m. Mass, Sunday, May 28, 2023

Saint's Name for Confirmation: _____

Confirmation Sponsor: _____

Catholic Parish where you are registered: _____
Name City State

AS SOON AS POSSIBLE:

Please call the parish of your Baptism and request an official certificate of Baptism. Have them mail this to:
Rosary Cathedral Parish, Attn: Tim Westfall
2535 Collingwood Blvd.
Toledo, OH 43610

Please return this form to the Rosary Cathedral Parish Office.