

# Registration for Sacrament of Confirmation

St. Alphonsus Catholic Church  
502 Jackson Avenue  
Ocean Springs, MS 39564

Name: \_\_\_\_\_  
Last First Full Middle Name

Confirmation (Saint) Name: \_\_\_\_\_

Place and Date of Birth: (Attach Copy of Birth Certificate)

\_\_\_\_\_

Place and Date of Baptism: (Attach Copy of Baptism Certificate)

\_\_\_\_\_

Name of Church

\_\_\_\_\_

Street Address

City

State

Date of Baptism: \_\_\_\_\_

Church of First Holy Communion: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_  
Last First Full Middle Name

Mother's Full Name: \_\_\_\_\_  
Last First Full Middle Name Maiden

Phone: \_\_\_\_\_  
Home Cell – Father Cell – Mother

Home Parish: \_\_\_\_\_

Sponsor: \_\_\_\_\_  
Somebody of the Catholic faith who would assist you on your spiritual journey.