

Our Lady of the Sacred Heart Church



CONFIRMATION Information Sheet

Candidate's Name: _____

Teacher: _____ Class Day of Week: _____

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Please provide the information below. Please **PRINT CLEARLY** as this information will be used for the Confirmation Ceremony Program and for your Confirmation Certificate.

Name Chosen for Confirmation: _____

Name of Sponsor: _____

Please note: If any of this information is changed after turning in this document, please be sure to send an email to the Director at redirector@olshtappan.com to ensure that the information on your Confirmation Certificate and the Confirmation Program are accurate.