

Confirmation Name/Sponsor Selection Form

ALL candidates must complete this form

My Name: _____

My Confirmation Name: _____

Name of Sponsor: _____

My Signature: _____

Parent/Guardian Signature: _____

This form is due to Holy Angels Religious Education Office by February 8th

Confirmation Celebration for Candidates **A-H** will be on
Saturday, April 21st 5:00pm

Confirmation Celebration for Candidates **I-Z** will be on
Saturday, April 21st 7:30pm

_____ I have a conflict and would like to change my Confirmation time
to the Liturgy at _____ pm.

Or

_____ I have no conflict with my scheduled Confirmation date.

Please mark one

***Schedule accommodations are limited and will be made on a
first come first serve basis.***

For Office Use

Date Returned: _____

Received By: _____