



Holy Spirit
CATHOLIC CHURCH

Veni Sancte Spiritus
Come Holy Spirit

OFFICE OF RELIGIOUS EDUCATION
Religious.Ed@holyspirtchurch.us (703) 978-8925

Confirmation Information Form

CHILD INFORMATION

Full Baptismal Name _____

Place of Birth _____

Date of Birth _____ Sex _____

Parish of Baptism () Holy Spirit Catholic Church – *year baptized* _____

- or -

() Other – *Please provide copy of Baptism Certificate*

() if enrolled in Holy Spirit School – *allow school office to provide certificate*

PARENT INFORMATION

Father's Full Name _____

Mother's Full Maiden Name _____

HOME INFORMATION

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____