



<b>Request for CONFIRMATION</b>	
NAME: SURNAME	GIVEN NAMES: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DATE OF BIRTH: MONTH/DAY/YEAR	PLACE OF BIRTH: CITY/COUNTRY
CHURCH OF BAPTISM: PARISH NAME/CITY/COUNTRY	DATE OF BAPTISM: MONTH/DAY/YEAR
FATHERS NAME: SURNAME	GIVEN NAMES:
MOTHER'S NAME: SURNAME/MAIDEN NAME	GIVEN NAMES:
CONTACT INFORMATION: ADDRESS	CELL PHONE:  EMAIL:
FATHER'S SIGNATURE & DATE:	MOTHER'S SIGNATURE & DATE:
SPONSOR: SURNAME	GIVEN NAMES: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DATE & PARISH OF BAPTISM:	DATE & PARISH OF CONFIRMATION:

PLEASE PROVIDE A COPY OF THE APPLICANTS'S BAPTISM CERTIFICATE ALONG WITH THE COMPLETED FORM