

## St. Peter Church

2600 Maine Street Quincy, Illinois 62301

## **Confirmation Information** *Please print.*

The child receiving Confirmation:				
Full Name:	First	Middle	Last	
Date of Birth:				
■ Baptized Catho	olic			
OR	Month Day Yea	ar	aptism Church, City,	
Profession of F	aith: Date:	Location: _		
Family Information: Father's Full Name:	First	Middle	Last	
Mother's Full Name:	First	Middle	Last	
Mother's Maiden Na	ame:			
Address of Child:	Street	City	State	Zip
Confirmation Name:  Sponsor's Name:  Sponsor's Email:				
I consent to the my child receiving their Confirmation. As a Christian parent, I understand that I have a serious moral obligation to provide my child good Christian witness through my moral life, age-appropriate Christian education, and regular Mass attendance. (Please sign below.)				
Father:		Mother:		