

CHURCH OF OUR LADY OF RANSOM

OFFICE OF FAITH FORMATION



6701 Calvert Street ■ Philadelphia, Pennsylvania 19149 ■ Telephone 215-332-6166 ■ Fax 215-332-6811

APPLICATION FOR SACRAMENT OF CONFIRMATION 2010-2011

Date _____

(Please Print)

Candidate's Name _____
(Last) (First) (Middle)

Home Address _____

(City) (State) (Zip Code)

Phone _____ e-mail _____

Date of Birth _____ Age by April 27, 2011 _____
(Month) (Day) (Year)

PLEASE FILL IN ALL BAPTISM INFORMATION COMPLETELY AND ACCURATELY.

Date of Baptism _____
(Month) (Day) (Year)

Church of Baptism _____

(Street)

(City) (State) (Zip Code)

Father's Name _____

Father's Religion _____

Mother's Full **Maiden** Name _____

Mother's Religion _____