ST. BERNARD OF CLAIRVAUX

Office of Catechetical Formation
500 Route 22, Bridgewater, NJ 08807
908-725-0552 Ext. 811

CONFIRMATION INFORMATION SHEET

Due by: January 4-6, 2026

Child's Name _____

Date of Birth _____

Age at time of Confirmation_____

Confirmation (Saint) Name _____

Address _____

Home Phone ( ) _____ **Cell Phone ( )** _____

Mother's Name _____
(Last) (Maiden) (First)

Father's Name _____
(Last) (First)

SPONSOR INFORMATION

Sponsor Name_____

Sponsor Relationship to student_____

- ***Please attach Sponsor certificate***

BAPTISM INFORMATION

- ***Please attach or email a copy of student's Baptismal Certificate even if student was baptized at St. Bernard's. Emails are to be sent to OCF@stbernardbridgewater.org .***

Office Use:

☐ ***Sponsor form received***

☐ ***Baptismal Certificate received***