TRANSFIGURATION

Confirmation Registration
2026 – 2027

Please return to Katie Stebbing by Wednesday, February 17th, 2027

Child's Full Legal Name *(No shortened names or nick names)*

_____
FIRST MIDDLE LAST

Parent(s) Name(s)

_____ _____
FATHER MOTHER

Parent(s) Phone Number(s)

_____ _____
FATHER MOTHER

Parent(s) Email

_____ _____
FATHER MOTHER

Address:

_____
STREET CITY STATE ZIP

Are you (parent) a registered parishioner at Transfiguration? Yes ❑ No ❑ Not Sure ❑

Child/Confirmand Info

_____ _____
DATE OF BIRTH AGE AT TIME OF CONFIRMATION

_____ _____
DATE OF BAPTISM CHURCH OF BAPTISM CITY STATE

**(If baptized elsewhere an official Baptismal Certificate MUST be attached to this form.)*

Confirmation Saint Name _____

Confirmation Sponsor

_____ _____
NAME RELATIONSHIP TO CONFIRMAND

_____ _____
EMAIL PHONE NUMBER

Does sponsor meet the following stipulations as required in *canon 874* of the *Code of Canon Law*:

- ❑ Is a registered/practicing Catholic in a parish.
- ❑ Has received the sacrament of Confirmation and is at least 16 years old.
- ❑ Is willing to take on the responsibility of being a sponsor (i.e. Encouraging the practice of the Faith and providing a good Catholic example).