Page I **CONFIRMATION REGISTER** NOTE: When completed, this Confirmation Register is to be returned by e-mail to the Chancellor's Office (mrossell@theadom.org) within one week of the Confirmation ceremony, including the Easter Vigil. Additional copies (ADD ROWS) of the blank form can be made as needed. Parish: **Person Sending Register:** Date of Confirmation: Administered by: FAMILY NAME, BAPTISMAL NAME **CONFIRMATION NAME** AGE **PARENTS SPONSOR**

Page 2	CONFIRMATION REGISTER				
NOTE: When completed, this Confirmation Confirmation ceremony, including the Easter V.				rg) within one week of the	
Parish:	8		Person Sending Register:		
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FAMILY NAME, BAPTISMAL NAME CONFIRMATION NA		AGE	PARENTS	SPONSOR	
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Page 3

CONFIRMATION REGISTER

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Parish:

Person Sending Register:

Administered by:

FAMILY NAME, BAPTISMAL NAME

CONFIRMATION NAME

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PARENTS

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Parish:			Person Sending Register:		
Date of Confirmation:]	Administered by:		
FAMILY NAME, BAPTISMAL NAME	CONFIRMATION NAME	AGE	PARENTS	SPONSOR	
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Page 7 CONFIRMATION REGISTER					
NOTE: When completed, this Confirmation				org) within one week of the	
Confirmation ceremony, including the Easter Vigil. Additional copies (ADD ROV Parish:		vvs) of th	he blank form can be made as needed. Person Sending Register:		
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Parish:

Person Sending Register:

Administered by:

FAMILY NAME, BAPTISMAL NAME

CONFIRMATION NAME

AGE

PARENTS

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FAMILY NAME, BAPTISMAL NAME	CONFIRMATION NAME	AGE	PARENTS	SPONSOR

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Page 13 CONFIRMATION REGISTER					
NOTE: When completed, this Confirmation Confirmation ceremony, including the Easter Vi				org) within one week of the	
Parish: Date of Confirmation:			Person Sending Register:		
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