



ST. LUKE THE EVANGELIST ROMAN CATHOLIC CHURCH

91 NORTH PARK STREET · DAHLONEGA, GA 30533
706-864-4779 · WWW.STLUKERCC.ORG

CONFIRMATION APPLICATION

Name of Child (First, Middle, Last): _____ Male / Female

Date of Birth: ____ / ____ / ____ Place of Birth (City/State): _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

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

If you are single or married, we still need your parents names.

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

(include mother's maiden name)

Confirmation Name: _____

Confirmation Sponsor's Name: _____ Religion: _____

Confirmation Sponsor represented by proxy? Y / N Name of proxy: _____

Name of Priest or Deacon officiating: _____

Date of Confirmation: _____ Time: _____

FOR OFFICE USE ONLY:

Minister's Signature _____ Date _____

Sponsorship (1) Verification Received:
Certificate provided to family:

Certificate completed:
Register entry:

ParishSOFT entry: