**North Central Deanery 2025 Joint Confirmation Form**

### Directions: Please fill-in one form for each candidate, attach his/her baptism certificate, and obtain the parish pastor’s signature on each form. Submit forms and baptism certificates to the church office or at class or by email to Martha Davis at marthad34@cox.net. OR mail: St. Paul the Apostle Catholic Church, 3912 Gus Young Ave, Baton Rouge, LA. 70802 Or drop off at church office.

**Early submissions welcomed!**

**Final Deadline** for forms and Baptism Certificates:

**January 12, 2025**

**Please Print or Type Information**

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| Name of Parish: |  | | | | | | | | |
| Today’s date: |  | | | | Submitted by: | | Martha Davis, DRE | | |
| Candidate INFORMATION | | | | | | | | | |
| Candidate’s Name: |  | | | | | | | | |
| Address:  **Please include zip code** |  | | | | | | | | |
| Phone: |  | | | Birth Date: | |  | Place of Birth: | |  |
| Full Name of Mother: |  | | | | | | | | |
| Full Name of Father: |  | | | | | | | | |
| Date of Baptism: |  | | Church of Baptism and Address: | | |  | | | |
| Sponsor(s)’ Name: |  | | | | | Confirmation/Saints Name:  **REQUIRED** | |  | |
| *The above named candidate has been prepared in his/her respective parish for the Sacrament of Confirmation, fulfilled all requirements and determined to be a ready candidate for the Sacrament of Confirmation. I recommend this candidate for the Sacrament of Confirmation.* | | | | | | | | | |
| **Pastor’s Signature (REQUIRED):** | |  | | | | | | | |