

**St. Michael the Archangel Catholic Church**  
804 High House Rd. Cary NC 27513  
**Sacrament of Confirmation Register Data** (Please PRINT)

**Name of Candidate** \_\_\_\_\_  
Last First Middle

**Candidate's Chosen Confirmation Saint Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_  
Month/Day/Year

**Date of Baptism** \_\_\_\_\_ (Submit copy of baptismal certificate)  
Month/Day/Year

**Church of Baptism** \_\_\_\_\_

**Church of Baptism mailing address:** \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
Last First Middle

**Mother's Name** \_\_\_\_\_  
Last (Maiden) First Middle

**Parent Address** \_\_\_\_\_  
Street City State ZIP

**Sponsor Name** \_\_\_\_\_  
Last First Middle

Sponsor Form Submitted [  ] Proxy form submitted (*If applicable*) [  ]

Proxy Name (*If applicable*) \_\_\_\_\_

**For Office Use**

Date/Time of Confirmation \_\_\_\_\_

Celebrant: \_\_\_\_\_

Attendance Confirmed – Staff check [  ] Certificate signed and given to family [  ]

Recorded in Vol. \_\_\_\_\_ Page \_\_\_\_\_ Number \_\_\_\_\_ Entered in SAC REG [  ]