# ARCHDIOCESE OF KANSAS CITY IN KANSAS CELEBRATION OF ADULT CONFIRMATION WITH THE ARCHBISHOP

**REGISTRATION AND INFORMATION FORM**

*This form must be filled out completely and submitted to the Office for Liturgy and Sacramental Life by* ***May 7, 2021****. Please print or type the information. Forms with missing or illegible information will need to be returned for completion. Thanks for your cooperation!*

Candidate’s Name

Last Name First Name (Maiden Name) Middle Name

Candidate’s Mailing Address

Street Address City and State Zip Code

Candidate’s E-mail Address

***Please print clearly***

Candidate’s Father’s Name

Candidate’s Mother’s Maiden Name

Candidate’s Date of Baptism

Candidate’s Place of Baptism

Parish Church City and State

Candidate’s Sponsor for Confirmation

Candidate’s Confirmation Name (optional)

Candidate’s Spoken Language (e.g., English, Spanish)

**VERIFICATION**

With my signature, I attest to the ability and readiness of to

receive the Sacrament of Confirmation from Archbishop Joseph F. Naumann at the celebration of Confirmation with Adults on the **Eve of** **Pentecost (May 22, 2021) at 4 p.m. at the Cathedral of St. Peter, 409 N. 15th, Kansas City, KS.**

Pastor Parish Date

***Please send completed form to:***

Office for Liturgy and Sacramental Life ~ 12615 Parallel Parkway ~ Kansas City, KS 66109 E-mail: [liturgy@archkck.org](mailto:liturgy@archkck.org) ~ Fax: 913.721.1577