

**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 13, 2024**. 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 **Pentecost Sunday (May 19, 2024) at 10 a.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 ~ Fax: 913.721.1577