

# Confirmation Companion Information Sheet

## **Candidate's Information**

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (Zip Code)

Parent Phone #: \_\_\_\_\_

(Optional) Chosen Saint Name for Confirmation: \_\_\_\_\_

## **Sponsor's Information**

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (Zip Code)

Phone #: \_\_\_\_\_

**Please return the completed form to  
the CCD office of Our Lady of Sorrows  
as soon as possible!**