

OUR LADY OF MOUNT CARMEL PARISH CONFIRMATION PROGRAM

1Passaic Street
Ridgewood, N.J. 07450
201-444-9302

NAME/SPONSOR REQUEST FORM
PLEASE PRINT CLEARLY

CANDIDATE'S FULL BAPTISMAL
NAME: _____

PHONE: _____

CANDIDATE'S EMAIL ADDRESS: _____

I have chosen the name, _____, as my Confirmation
Name.

- **Please attach your one page typed name report to this form.**

The sponsor I have chosen is:

SPONSOR'S FULL NAME: _____

SPONSOR'S MAILING ADDRESS: _____

SPONSOR'S EMAIL: _____
(Please supply email for sponsor so we can send important info.!)

SPONSOR'S PHONE: _____

SPONSOR'S PARISH: _____

SPONSOR'S AGE: _____

- **Please supply a letter stating the sponsor is a practicing Catholic from his/her parish (if other than O.L.M.C.) and attach to this form.**

**RETURN THIS FORM, WITH THE PROPER PAPERWORK, BY
FEBRUARY 15TH TO GLEN MC CALL AT THE YOUTH CENTER OR
RECTORY.**