

Notification of Confirmation (for an individual)

Each parish is required to submit the following notification form to the Office of the Chancellor immediately after an individual is confirmed.

Submissions should be sent to:

Diocese of Winona-Rochester
attn: Office of the Chancellor
2907 Jeremiah Lane NW
Rochester, Minnesota 55901

NOTIFICATION OF CONFIRMATION

SURNAME, Full Legal Name: _____

Date of Birth (DD Month YYYY): _____

Father's Name (Last, First): _____

Mother's Name (Maiden, First): _____

Date of Baptism (DD Month YYYY): _____

Place of Baptism (Church, City, State): _____

Date of Confirmation (DD Month YYYY): _____

Place of Confirmation (Church, City, State): _____

Minister of Confirmation (Title First Last): _____

Sponsor's Name (Last, First): _____

Confirmation Name (if applicable): _____

This confirmation was:

- administered in an emergency
- of a baptized Catholic delegated to a priest
- of a person being received into full communion with the Catholic Church via the Order of Christian Initiation of Adults (OCIA)

signed (pastor/delegate of the pastor) _____ (date) _____