



*Information Form*

*Church of St. Joseph  
15 Cedar Street  
Bronxville, NY 10708*

*Confirmand's Name:* \_\_\_\_\_

*Confirmation Name:* \_\_\_\_\_

*Sponsor's Name:* \_\_\_\_\_

*Parents' Names:*

*Father's:* \_\_\_\_\_  
*(First) (Last)*

*Mother's:* \_\_\_\_\_  
*(First) (Maiden)*

*Date of Baptism:* \_\_\_\_\_

*Church of Baptism:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Confirmed by: The Most Rev. Gerald T. Walsh, D.D.*

*Date of Confirmation: March \_\_\_\_\_, 2019*