



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: _____

Name of Church where Baptized: _____

Address of Church where Baptized: _____

City: _____ *State:* _____ *Zip:* _____

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

Date of Confirmation: March _____, 2020