

Confirmation Information Sheet
Helena Deanery

Name _____ M ___ F ___
(First, Middle, Last)

Confirmation Name (if desired) _____

Birthdate _____ Age _____ Phone# _____
(mm/dd/yyyy)

City, State of Birth _____

Address _____

E-Mail _____

Parish _____

Parent or Guardian _____

Parent Address _____

Home Phone# _____ Cell Phone(s) _____

E-Mail _____

Baptism _____

(Date, Parish, City and State) *If you were not baptized at the Cathedral of St. Helena, we also need a copy of your baptismal certificate.*

Sponsor Information

Name _____

Phone # _____

E-Mail _____

Address _____

Home Parish _____

Please mail or fax to:

Fr. Ned Scheidecker
Cathedral of St. Helena
530 N. Ewing St
Helena, MT, 59601

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(406) 442-5825
nscheidecker@sthelenas.org