

**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.*

Confirmation Sponsor Information

Name _____

Phone # _____

E-Mail _____

Address _____

Home Parish _____

Please mail or fax to:

Cathedral of St. Helena	Fax: (406) 449-5113
530 N. Ewing St	(406) 442-5825
Helena, MT, 59601	jfenton@sthelenas.org