Saint Patrick Parish

1401 NE 42nd Terr

Kansas City, MO 64116

Candidate's Name (First Middle Last)_____ Age _____

Confirmation Name (Saint Name chosen for Confirmation)_____

Grade Level_____School_____

Place & Date of Baptism_____

Name of Officiant who celebrated Baptism_____

Name of Diocese if Baptism was not celebrated in KCSJ Diocese_____

Home Address_____

Home Phone Number/s_____

Father's Legal Name (First Middle Last) _____

Mother's Legal Name (First Middle **Maiden** Last) _____

Sponsor's Legal Name (First Middle Last) _____

Sponsor's Phone Number _____

Relationship to Sponsor_____

Parents' email address_____

Please include a front and back copy of Baptism. (Baptismal certificate must have a readable seal)

You can return this form to the Parish Office, attn. Consuelo Davis.

If you have any questions, please contact: Mrs. Consuelo Davis at cdavis@stpatrickkc.com or call 816-453-0971 Ext. 113.