

Name of Confirmation Candidate:		
Sponsor's Name:		
Sponsor's Address:		
City:	State:	Zip Code::
Sponsor's Phone Number:		
Sponsor's email:		
Sponsor's Home Parish:		
City:		State:
What is the sponsor's relationship to th	-	·
Please return this information sheet to	:	
Joseph Wizieck		
Blessed Sacrament Parish		
1020 S. First Ave.		
Morton, IL 61550	Candidate's signature:	
jwizieck@bscmorton.org		
309-266-9721 extension 258		