

Confirmation and First Communion

Saint Leo's Parish
Lewistown, MT 59457

First Name _____ Middle Name _____ Last Name _____

Mother's Name _____ Father's Name _____

Birth Date _____ Birth Place _____ Age _____

Address _____ Town _____ State _____ Zip _____

Baptism

Parish _____ City _____ State _____

Baptism Date (month/year) _____

Sponsor – Must be a practicing Catholic and not one of the child's parents

Name _____

Parish _____ City _____ State _____

Confirmation Name _____