



Confirmation Sponsor Information Form

Please print

Candidate Name: _____

Sponsor Name: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Parish Member of: _____ City: _____

Relationship to Candidate: _____

*****We will be communicating with you via Flocknote. In order to communicate we must have a valid cell phone number or email address. Thank you!**

Thank you and God bless you for saying “yes”! Please remember to pray for your candidate – it is one of the most important things you can do.

Please return this form to:

KCP– Center for Discipleship Attn: Katie Peters

120 W 8th St

Kaukauna, WI 54130

kpeters@kaucp.org

920-766-5997