Pope John XXIII R.C. Church
8290 Soule Road
Liverpool, NY 13090

Office of Faith Formation
Phone: (315) 652-1094
Fax: (315) 652-6631

Confirmation Saint Name Information

Name: _____ Room Number: _____

The Saint Name I have chosen is: _____

The Saint lived from_____ to _____.

Please write a brief biography of the Saint you have chosen. Where did he/she live? What did he/she do in life to be canonized a Saint? What do you admire most about this person you have chosen to be named after? What strengths do you hope to gain from knowing more about this person?

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Please turn this form in to your teacher to give to the Confirmation Coordinator for final approval of your Saint Name for Confirmation.