



**Diocese of West Malaysia  
Confirmation Application Form**

**Name of Church: HOLY TRINITY BUKIT BINTANG**  
**Address: LEVEL 8 (ROOFTOP), LOT 10 SHOPPING CENTRE, 50 JALAN SULTAN ISMAIL, 50250**  
**KUALA LUMPUR, MALAYSIA**

**Section 1 (to be filled by candidate)**

Name of Candidate: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No.: \_\_\_\_\_ (O) \_\_\_\_\_ (H) \_\_\_\_\_ (H/P)

NRIC No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

**Section 2 (to be filled by candidate)**

Date of Baptism: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_

Name of Person Who Administered the Baptism: \_\_\_\_\_

Name of God-Parents: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Section 3 (to be filled by priest)**

Date of Confirmation: \_\_\_\_\_

Place of Confirmation: **HOLY TRINITY BUKIT BINTANG**

Name of Bishop: \_\_\_\_\_

First Communion on: \_\_\_\_\_ at \_\_\_\_\_

Name of Presenting Minister: \_\_\_\_\_