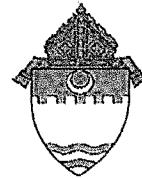


St. Francis of Assisi Central Office
P.O. Box 684
Date, IN 47523-0684
(812) 937-2200



Enrollment for the Sacrament of Confirmation

Please Print!

Last Name of Candidate: _____

Legal First Name of Candidate: _____

Middle Name of Candidate: _____

Name as you would like it to appear on the Certificate of Confirmation: _____

Residential Address of Candidate: _____

Candidate's cell phone number: _____ Do you text? Yes No

Candidate's active email: _____ @ _____

Date of Candidate's Birth: _____

City/town and State of Birth: _____

+ **COMPLETE DATE OF BAPTISM:** _____ **DO NOT Leave Blank.**

All Information MUST be Provided.

Were you baptized within St. Francis of Assisi Parish (SJ, MHC, SN)?

YES _____ NO _____ **• Name of Church of Baptism:** _____
Address of Church of Baptism: _____

 → IF YOU WERE NOT BAPTIZED WITHIN ST. FRANCIS OF ASSISI PARISH, YOU MUST
ATTACH AN OFFICIAL COPY OF YOUR CERTIFICATE OF BAPTISM ALONG WITH THIS FORM!

Mother's Full Name : _____

Mother's Maiden Name: _____

Father's Full Name: _____

By signing this form I testify that according to Canon 889: I have received the Sacrament of Baptism,
that I have the use of reason, that I am willing to be suitably instructed, properly disposed, and able
to renew my baptismal promises.

Candidate's Signature X _____ Date: _____