

Confirmation Enrollment Form 2017-2018

Please Print **CLEARLY!!**

FULL NAME _____
First Middle Last

ADDRESS _____

PHONE () _____ - _____ DOB ____ / ____ / ____

SCHOOL ATTENDING _____

TEENS E-MAIL ADDRESS _____

GRADUATION YEAR _____

FATHER'S FULL NAME _____
First Middle Last

FATHER'S FULL ADDRESS (if different) _____

MOTHER'S FULL MAIDEN NAME _____
First Middle Maiden

MOTHER'S FULL ADDRESS (if different) _____

PARENT'S E-MAIL ADDRESS _____

(E-mail addresses may be used for some correspondence)

Cell phone # (parent) _____

Cell phone # (teen) _____

PLEASE ATTACH A CURRENT
PICTURE OF CANDIDATE
HERE PLEASE!

Wallet size or up to 3 1/2 x 4 1/2
DO NOT STAPLE!

OFFICE USE ONLY

PROGRAM FEE - \$200.00

CK # _____ PD ON ____ / ____ / ____

BAPTISMAL CERTIFICATE _____

Sacramental Information

1) DATE OF BAPTISM ____ / ____ / ____ PARISH OF BAPTISM _____

PARISH OF BAPTISM ADDRESS _____

ADDRESS CITY STATE ZIP
(need address if NOT Baptized at St Ann)

**** Please attach a copy of a current Baptismal Certificate ONLY IF your previous sacraments have NOT been received at St. Ann Church.**

IF NOT RECEIVED AT ST. ANN PARISH, PLEASE PROVIDE THE FOLLOWING INFORMATION:

2) Date / Parish Sacrament of First Communion was received _____

3) Date / Parish Sacrament of Reconciliation was received _____

RETURN FORM BY August 31, 2017