

Confirmation 2025-2026 AFC: St. Anne's & St. Catherine's Parishes

Family Last Name(s): _____

Family E-mail Address: _____

FAMILY TEXT Phone Number: _____

CANDIDATE:

Candidate's First/Middle/Last Name: _____

Gender: M F **Birth Date: Month/Date/Year** ____/____/____

Place of Birth: _____ **City/St:** ____/____

Candidate's Address: _____

City/St/Zip: ____/____/____

Candidate's Date of Baptism: ____/____/____

Place of Baptism: St. Anne St. Catherine Other: _____

PARENTS:

Father's Full Name: _____

Phone: _____ **E-mail** _____

Are you Catholic? Yes No

Are you a Parish Member? St. Anne St. Catherine Not a Member

Mother's Full Name: With Maiden Name: _____

Phone: _____ **E-mail** _____

Are you Catholic? Yes No

Are you a Parish Member? St. Anne St. Catherine Not a Member

Is there any special information we should know?
