

Office Use Only

Date Received: _____
Baptism Cert.: _____
Small Group day and time: _____

Things to do on or before **September 6, 2013:**

- Return this form
- Attach **Copy** of Baptismal Certificate (**Day School Only**)
- Attach Commitment Form
- Attach your Community Group Choice Form

HOLY INFANT PARISH CONFIRMATION PREPARATION 2013-2014

CANDIDATE INFORMATION – **PLEASE PRINT**

Candidate's Baptism

Name _____
Last First Middle

Candidate's Address _____
Street City State Zip

Home Phone _____ Family E-Mail _____

Father's

Name _____
Last First

Father's Daytime Phone _____ Father's Work Phone _____

Mother's Name _____
Last First Maiden Name

Mother's Daytime Phone _____ Mother's Work Phone _____

Candidate attends: Monday Formation Program _____ Holy Infant School _____

Other _____

Candidate's Date of Birth: _____ City of Birth: _____

Year/Church/City State of Baptism (as recorded on Baptismal Cert.) _____

Year/Church/City/State of First Communion _____

Questions? Contact Patricia Foley, (DRE) Holy Infant Church, 627 Dennison Dr. Ballwin MO. 63021
Telephone # 636-227-0802 - Option 3; E-Mail: pfoley@holysiniantballwin.org