

Office of Youth Education and Spirituality
Jan Gile, DRE
3910 Spring Avenue SW
Decatur, AL 35603
(256) 353-2667 ext 108
jgile@AnnunLord.com



<input type="checkbox"/> Baptism
<input type="checkbox"/> First Communion
<input type="checkbox"/> Confirmation

ADULT CONFIRMATION

TURN IN COPY OF YOUR BAPTISMAL CERTIFICATE WITH REGISTRATION

Candidate's Name: _____ Birth Date: _____
(PROVIDE FIRST, MIDDLE, and LAST NAME)

Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____

Church of First Holy Communion: _____ Date: _____

Church Address: _____
Street City Zip

Father's Name: _____ Mother's Name: _____
(PROVIDE MOTHER'S MAIDEN NAME)

Which Mass do you regularly attend on weekends?

Saturday: 5:00 PM Sunday: 8:30 AM 11:00 AM 1:30 PM 6:30 PM

Class: English Español

FOR OFFICE USE ONLY

Fee: _____ Check/Cash/Other Date Received : _____