## **DUE FEBRUARY 18**

## **CANDIDATE INFORMATION FORM**

Clearly print FULL NAME (this is what will appear on the Confirmation certificate)

First	Middle		Last		
School Attend	ling:				
Father's Full N	Name :			□Yes □No	
radici si diri	First	Middle	Last	Planning to attend Confirmation	
Mother's Full	Name:			□Yes □No	
	First	Middle	Last & <b>MAIDEN</b> Name		
Stepfather's F	ull Name:				
First		Mi	ddle Last		
Stepmother's 1	Full Name:				
•	First	M	iddle Last	<u>.                                      </u>	
	nte baptized at St. Ch		(please check one): provide month and yea	ar of baptism so it can	
Month	:Yea	r:			
Candida	ate was not baptized a	at St. Christopher	<del>.</del>		
<ul><li>If you are 203 to it</li><li>If you do</li></ul>	re unsure if you have sen nquire.	t a copy, contact She	o the Timothy office, please elley Senyk at <u>ssenyk@stchr</u> , contact the parish in which	rismi.org or 364-4100 ext	

Mail to: St. Christopher 1000 Michigan Ave. Marysville, MI 48040