

HOLY INNOCENTS ANGLICAN CHURCH

Confirmation Enrolment 2025

PERSONAL INFORMATION

Full Name of Candidate: _____

Gender: _____ Pronouns: _____

Address: _____

Email address: _____ Cell phone: _____

School: _____ Grade: _____

Date of Birth: _____ Place of Birth: _____

Parent 1: _____ Email address: _____

Parent 2: _____ Email address: _____

Emergency contact name/number: _____

Notes: _____

RELIGIOUS BACKGROUND

Church of Baptism: _____

Address: _____

Date of Baptism: _____

DECLARATION

I will fully participate in the Confirmation Program and do my best to complete all requirements.

Signature of Candidate: _____

I will support my child in the Confirmation Program.

Signature of Parent/Guardian: _____

I grant permission to Holy Innocents' Anglican Church to post pictures of my child on social media.

Signature of Parent/Guardian: _____