

# Confirmation Certificate Information

## Faith Formation St. Alphonsus – St. Louis

PLEASE PRINT

Name \_\_\_\_\_ Date \_\_\_\_\_

In which Confirmation Year are you currently enrolled? 1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_

Church Parish: (Please Circle) St. Alphonsus St. Louis Other \_\_\_\_\_

---

---

Candidate's name as you want it to appear on the Confirmation Certificate

---

Confirmation Name/ Saint Name (optional)

---

Candidate's age at Confirmation

---

Church of Baptism

Date \_\_\_\_\_

Street address of Baptism

Church \_\_\_\_\_

City, State, & Zip of Baptism Church

---

Candidates Street Address

---

Candidates City, State, & Zip

---

Name of Father (First, Middle, & Last)

---

Name of Mother (First, *Maiden*, & Last)

---

**Name of Sponsor (First, Middle, & Last)**

---

Please bring, mail, or fax your Certificate Form to:

**St. Louis King of France  
2121 N. Sherwood Forest Drive  
Baton Rouge, LA. 70815-1962  
FAX (225) 275-5845**

**St. Alphonsus Liguori  
14040 Greenwell Springs Road  
Greenwell Springs, LA 70739  
FAX (225) 261-5650**