



Youth Confirmation Information and Consent Form

Full Name _____ Sex _____

Address _____

City and State _____ Zip _____

Telephone _____ Email _____

Date of Birth (M/D/Y) _____ Place of Birth _____

Date of Baptism (M/D/Y) _____ Church/City _____

Any Former Religious Affiliation _____

Father's Full Name _____

Mother's Full Name _____

Religious Affiliation of Parents _____

For Youth

I understand the commitment I am making to be part of the Confirmation Preparation program at St. James Episcopal Church. I will attend the sessions as prescribed for confirmation preparation and attend the Bishop's Visitation on _____ to receive the Sacrament of Confirmation in the presence of my faith community.

Signature of Confirmation Preparation participant

For Parents

I understand the commitment my child is making to be part of the Confirmation Preparation program at St. James Episcopal Church. I am willing to have my child participate in the sessions as prescribed for confirmation preparation and attend the Bishop's Visitation on _____.

Signature of Parent or Guardian

Please return the signed form before the first class to hrothermel@stjamesbr.org.

We proclaim Christ crucified and risen, and invite all to join with us in ministry together in his name.

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