



Personal Information

Candidate's Full Name: _____
Street Address: _____ Age: _____
City: _____ Zip Code: _____ Birthdate: _____
Home Phone #: _____ Cell Phone #: _____
Email: _____
Registered Parish: _____
Father's Name: _____ (required for Confirmation record)
Mother's Name: _____ (required for Confirmation record)

Sacrament Information

Baptism Church: _____
Baptism date, city, state: _____
First Penance Church: _____
First Penance date, city, state: _____
First Eucharist Church: _____
First Eucharist date, city, state: _____

I can help out at Mass and/or church by:

- _____ being an usher
- _____ being a greeter
- _____ being a lector
- _____ assisting with faith formation PreK-10th grade classes (Sundays, 9:50-10:50 a.m.)
- _____ volunteering at church events, such as: Oktoberfest, St. Joseph's table, Christmas Party, decorating the church for Christmas, decorating the church for Easter

Submit completed form to the DRE, Ashlee Campbell, via:

Mail: 35 Edward Street, Buffalo, NY 14202-1505
Fax: 716.853.9225
Email: stlouisfaithformation@gmail.com