

CANDIDATE INFORMATION FORM

(Please complete this form in full)

Due to Mrs. Deb by January 7, 2018

Candidate Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone Number _____ **E-Mail Address** _____

Date of Birth ____ / ____ / ____

Name of Father/Legal Guardian _____

Address _____

City _____ **State** _____ **Zip Code** _____

Name of Mother/Legal Guardian _____

Address _____

City _____ **State** _____ **Zip Code** _____

Mother's Maiden Name _____

Candidate's Place of Baptism

Church of Baptism _____

Address _____

City _____ **State** _____ **Zip Code** _____

Date of Baptism ____ / ____ / ____

***Please attach copy of Baptismal certificate if candidate was not baptized at St. Anna's.
Thank you.**