



ADULT CONFIRMATION CLASS REGISTRATION

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-Mail address: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____

Mother's Maiden Name: _____

Parish of Baptism: _____

City: _____ State: _____

Date of Baptism: _____

Please provide a copy of your Baptism Certificate.

Confirmation Class will be held in 2019 date TBD

For more information please contact: Mary Kevin Picton
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Phoenix, AZ 85012
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