



## St. Francis Church

1205 Pine Ave., San Jose, CA 95125

Tel: [408-292-7090](tel:408-292-7090)

Fax: 408-292-7091

Email: [office@stfranciswillowglen.org](mailto:office@stfranciswillowglen.org)

Application for  
Confirmation  
Reception  
Reaffirmation

I wish to make a mature public affirmation of my faith  
and commitment to the responsibilities of my baptism by:

CONFIRMATION     RECEPTION into the Episcopal Church     REAFFIRMATION of Baptismal Vows

Full name of Candidate \_\_\_\_\_ Current Age \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth *(city/state/country)* \_\_\_\_\_

Maiden name \_\_\_\_\_ Spouse's name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email#1 \_\_\_\_\_ Email#2 \_\_\_\_\_

Full name of father \_\_\_\_\_ / *Religious affiliation* \_\_\_\_\_

Full name of mother \_\_\_\_\_ / *Religious affiliation* \_\_\_\_\_

Baptismal date \_\_\_\_\_ Church \_\_\_\_\_  
*or approximate date*

City \_\_\_\_\_ State \_\_\_\_\_ Denomination \_\_\_\_\_

If confirmed give Confirmation date: \_\_\_\_\_ Church \_\_\_\_\_  
*or approximate date*

City \_\_\_\_\_ State \_\_\_\_\_ Denomination \_\_\_\_\_

Bishop Confirming: \_\_\_\_\_

Please complete and return to Parish Administrator at above address by fax or email.