St Monnica's Church

A Parish of the Diocese of JHB
Anglican Church of Southern Africa

CONFIRMATION APPLICATION FORM - ADULT

YEAR: _____

PARTICULARS OF CANDIDATE

Identity/Passport No: ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜

Church Membership No: _____

Surname: _____

First Names: _____

Gender: Male ⬜   Female ⬜   Date of Birth: d d / m m / Y Y Y Y

Mobile No: _____   Email: _____

Baptised?   Yes ⬜   No ⬜   Date of Baptism: d d / m m / Y Y Y Y

Church where baptised: _____

Signature: _____   Date: _____

Required Documentation:	Submitted
Certified copy of ID	
Copy of Baptism Certificate	

FOR OFFICE USE ONLY

Date of application submission:		Commencement of Classes:	

Facilitator Name: _____   **Date of Service:** _____

Rector's Confirmation Authorisation:

_____	_____	_____
Name	**Signature**	**Date**

Email to: comms.events@stmonnica.org.za