INTENT TO PARTICIPATE FORM

9th Grade Youth Confirmation Program 2019-2020 St. James's Episcopal Church, Richmond, VA

Youth's Full Name (first, middle, last):	
Youth's "Goes By" Name: Male/Fo	emale
School:	
Date of Birth:/ Place of Birth (City/Town, State):	
Youth's Email*:	
Mother's Name:	
Mother's Email*:	
Father's Name:	
Father's Email*:	
*Email will be the church's primary form of communication. Provide an email you check regular Have you been baptized? Yes. Then please fill out the lines below with your exact baptism information (name church, town/state, and denomination), and the exact date (month, day, and year). To information is required by the Bishop's office in order to be confirmed. If you're unsut the date, please call the church where you were baptized and ask them to check their baptism records.	of This re of
Exact date of baptism (MM/DD/YYYY):	
Place of baptism*:	
*If not baptized at St. James's, please indicate if you've officially transferred to St. James's <u>I have not</u> (<i>circle one</i>)previously transferred my membership to St. James's	
No. That's okay! You can still participate in the youth confirmation program. In the Episcopal Church, baptism precedes confirmation, so a member of the clergy or staff contact you to discuss options for baptism.	will
Participation Pledge: I pledge to participate in the St. James's Youth Confirmation Program during the 2019-2020 see year, to bring an open mind and heart to all sessions and events, and to treat all those involve the program with respect. I understand that at the end of the program, it is the youth's decise they desire to be confirmed by the bishop.	ed in
Youth's Signature Date	
Parent's Signature Date	
Please return this completed form by August 15, 2019 to Mary Beth Abplanalp by mail (1205 W. Franklin St.,	
Richmond, VA 23220), attached to email (<u>mbabplanalp@doers.org</u>), or by hand to the church office.	