

ADULT CONFIRMATION REGISTRATION 2019

NAME: _____
First Middle Last (Maiden)

COMPLETE MAILING ADDRESS:

PHONE CONTACT: _____ **EMAIL:** _____ **DoB** _____

PARISH: _____ Are you registered there? Yes No

II. BAPTISM / SACRAMENT INFORMATION

- 1. Please provide a baptismal record issued within the last 3 months. Date received: _____
- 2. Date & Place of Baptism: _____
- 3. Date & Place of First Communion: _____

III. MARITAL STATUS: check all that apply: Married Single, never married
 Widowed Divorced Remarried

1. If married, divorced and/or remarried, please provide the following information:

Date of current marriage: _____ Circle One: Religious or Civil

If religious, name of Church: _____

Full Name of Spouse: _____ His/Her Religion: _____

2. Do you or your spouse have a previous marriage(s) that ended in divorce? Yes No

~ If yes, how many? _____ If yes, which one of you? _____

~ If yes, date of previous marriage: _____ Whose, yours or your spouse's?

~ Annulment received? _____ Date: _____

~ If yes, date of previous marriage: _____ Whose, yours or your spouse's?

~ Annulment received? _____ Date: _____

Additional information may be added on the back of this page.

III. FAITH ASSESSMENT / RELIGIOUS FORMATION

Briefly describe your faith journey at this time in your life. (Have you participated in formation classes – as a child, young adult, right now? Do you participate at Sunday Mass? Describe your prayer life. What is it that has brought you to seek confirmation at this time?)

Why do you believe you are ready to receive the sacrament of Confirmation right now?

Do you have any questions regarding the Church and its teachings?

Where do you currently attend Sunday Mass? _____

How often? Weekly Daily Other _____

Parish Office use:

Preparation Class Attendance: _____

Date of Confirmation: _____ Location: _____

Presiding Bishop: _____

Name of Sacramental Sponsor: _____

Parish of Sacramental Sponsor: _____

Sponsor letter received: _____