REGISTRATION FORM FOR ADULT CONFIRMATION

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL HOME ADDRESS: (With zip)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTH FATHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTH MOTHER’S FULL **MAIDEN** NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPONSOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONFIRMATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I NEED TO RECEIVE MY FIRST COMMUNION \_\_\_YES \_\_\_NO

ARE YOU MARRIED? \_\_\_\_YES \_\_\_\_NO

IF YES, ARE YOU MARRIED IN THE ROMAN CATHOLIC CHURCH?\_\_\_YES\_\_\_\_NO

Copy of baptismal certificate and $50 must accompany this form. You can call parish office where you were baptized to obtain one.

If you were baptized at St. Mary’s simply indicate that here \_\_\_\_\_.