

Adult Confirmation Registration Form

Please PRINT Clearly

Name of Candidate:

_____ (First) (Middle) (Last)

Maiden Name: _____ D.O.B.: _____

At what parish are you registered? _____

At what parish were you baptized? _____

Home Ph: _____ Wk/Cell Ph: _____

Home Address: _____

_____ (City) (State) (Zip Code)

E-mail address: _____

Items needed for Registration:

- **Baptism Certificate-** (being baptized or baptized in another faith)
- **Marriage License – for married females only**
- **Payment of \$30.00**

Please check Sacraments already received:

Baptism: Communion: Reconciliation:

FOR OFFICE USE ONLY

Candidate Information

Adult Confirmation:

___ Register Entry: Vol. _____ Pg. _____ No. _____
___ Index
___ Certificate Made
___ Notice/ Notation

Sacrament Celebration Date: _____

Fee: \$30

Payment

Date: _____ Total Number Registered: _____
Amt Paid: \$ _____ ck # _____ cash
Taken by: _____ Balance: _____

Sponsor Information

Godparent(s) /
Sponsor's Name: _____

Ph(work,cell,home): _____

Confirmation Name: _____

Notes: _____

