



## Adult Confirmation Registration Form

### Basic Contact Information

Name:

First

Last

M.I.

Maiden

Address:

City:

State:

Zip Code:

Phone:

Home

Cell

E-mail:

Date of Birth:

Place of Birth:

City/State

Marital Status: ☐ Single ☐ Cohabiting ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

\*Because of the Catholic Church's teachings on marriage and the sacraments, certain marital and pre-marital situations – prior marriages, civil marriages, or marriages not celebrated according to Catholic form – may require further pastoral guidance before receiving sacraments of initiation.

### Family Information

Name

Faith Background

Father:

Mother:

Maiden Name

Spouse:

Fiancé:

Children:

## Emergency Contact Information

Name:

First

Last

E-mail:

Phone:

Relationship:

## Sacramental Information

Baptism:

Yes

No Denomination:

Date:

Church Name

City/State

Certificate Received: Yes No

Eucharist: ☐ Yes ☐ No

Marriage: ☐ Yes ☐ No Denomination:

Date:

Church Name

City/State

Married before a Catholic Priest/Deacon? ☐ Yes ☐ No

Married in a Catholic Church? ☐ Yes ☐ No

First and only marriage for candidate? ☐ Yes ☐ No

Faith of ex-spouse:

First and only marriage for spouse? ☐ Yes ☐ No

Faith of spouse's ex-spouse:

## **For Office Use**

Interviewed by:

Date: