



# Diocese of Worcester

## ADULT CONFIRMATION REGISTRATION

**Candidate:** \_\_\_\_\_  
First Name Middle Name Last Name

**Maiden Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Will the candidate attend the retreat on 1/18/26?** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**Place of Baptism:** \_\_\_\_\_  
Church City State

**Candidate's Confirmation Name:** \_\_\_\_\_

**ATTACH A COPY OR PHOTOCOPY OF  
BAPTISMAL CERTIFICATE (long form, please)**

**Sponsor:** \_\_\_\_\_  
First Name Middle Initial Last Name

**I hereby certify that this adult candidate is eligible for and prepared  
to celebrate the sacrament of Confirmation on February 15, 2026**

\_\_\_\_\_  
Pastor

\_\_\_\_\_  
Parish Parish City

\_\_\_\_\_  
Date