



Application for Adult Confirmation Preparation

Date of Application: _____

Name: _____
Last (Maiden) First Middle

Address: _____
Street Address Apt. # City, State, Zip

Phone: _____ (Home) _____ (cell)

Date of Birth: _____

Gender: ___F___M

Place of Birth: _____
City State (Province, Country)

Email address: _____

Father's full name: _____

Mother's full maiden name: _____

Your Baptism Information: (Please attach a copy of your baptismal certificate.)

Name of Church: _____

Address of Church: _____

City, State, Zip: _____

Date of Baptism: _____

Your First Communion:

Name of Church: _____

Address: _____

City, State, Zip: _____

Confirmation Saint Name: _____

*Confirmation Sponsor: _____

A confirmation sponsor must be a confirmed Catholic; at least 16 years of age; if married, married according to the law of the Catholic Church; actively attending Mass and practicing the faith; not the candidate's mother or father. A godparent is an excellent choice.

Marital Status

Never married () Married () Widowed () Separated () Divorced ()

Date of Marriage: _____

City of Marriage: _____

Name of Church: _____

Denomination: _____

City/state: _____

Full name of spouse/fiancé(e)

Religion of Spouse/fiancé(e)

Is this your first marriage? ___Yes ___No

Is this your spouse's first marriage? ___Yes ___No