

Saint Charles Catholic Church

ADULT CONFIRMATION Registration Form

FOR OFFICE USE ONLY Reg. Fee _____ Paid: _____ Rec. # _____

Name: _____
Last First Middle (Birth Name)

Address: _____
Street City State Zip

Phone: _____ / _____ Date of Birth: _____
Home Cell

Place of birth: _____ Email Address: _____

Marital status: single ___ engaged ___ married ___ divorced ___ separated ___ widow/er ___

Name of Spouse/Fiancée: _____ Religion: _____

Address (if different from above) : _____

Number of Children: _____ Age/s: _____

Name of your parents: Father _____
Mother's **MAIDEN** Name _____

Sacramental History:

Baptized: Yes ___ No ___

If yes, do you have a Certificate of Baptism? Yes ___ No ___

Confirmed: Yes ___ No ___

If yes, do you have a Certificate of Confirmation? Yes ___ No ___

Receiving Eucharist (First Communion): Yes ___ No ___

If yes, do you have a Certificate of Eucharist? Yes ___ No ___

Married: Yes ___ No ___

If married in a Roman Catholic Church: Date _____ Parish _____

If married in other Church: Date _____ Church Denomination _____

If married civilly: Date _____ City/State _____

Godparent/Sponsor Information:

Note: Sponsor must be practicing Catholic and must have received all three Sacraments of Initiation (Baptism, Confirmation, and Eucharist/Communion)

Have you selected a sponsor/Godparent?

If yes, indicate the Name _____

Address: _____ Phone: _____

For Office Use ONLY:

Interviewer: _____

Date: _____