

Application for Adult Confirmation Preparation

Date of Application: _____

Name: _____
Last (Maiden) First Middle

Address: _____
Number, Street, Apt., City, Zip

Phone: () _____ (Home) () _____ (cell)

Date of Birth: _____ Gender: F M
month/day/year

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

Email address: _____

Mother's full maiden name: _____

Father's full name: _____

Your Baptism Information: Denomination: _____

Name of Church _____

Address of Church _____

City, State, Zip _____

Year of Baptism _____

(Please attach a copy of your baptismal certificate.)

Your First Communion: Year of First Communion _____

Name of Church _____

City, State _____

(Continue to page 2, please.)

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

Date of Marriage: _____

Place of Marriage: _____

Name of Church _____

Denomination _____

City/state _____

Other _____

Full name of spouse _____

Religion of Spouse _____

Is this your first marriage? ___ Yes ___ No

Is this your spouse's first marriage? ___ Yes ___ No

***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.