

**ST. CHRISTOPHER CHURCH
ADULT CONFIRMATION
REGISTRATION FORM**

FULL NAME: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: (HM): _____ CELL: _____

OCCUPATION: _____

DATE OF BIRTH: _____ AGE: _____ PLACE: _____

FATHER'S FULL NAME: _____ RELIGION: _____

MOTHER'S MAIDEN NAME: _____ RELIGION: _____

EDUCATIONAL BACKGROUND:

HIGH SCHOOL: _____ COLLEGE: _____

DEGREE: _____ MAJOR: _____

NAME & ADDRESS OF CHURCH OF BAPTISM: _____

DATE OF BAPTISM: _____ HOW OLD WERE YOU? _____

DO YOU HAVE A BAPTISMAL CERTIFICATE? : YES _____ NO _____

***(YOU MUST PROVIDE A COPY OF THE CERTIFICATE IN ORDER TO BE CONFIRMED)**

NAME & ADDRESS OF CHURCH OF FIRST COMMUNION: _____

DATE OF FIRST COMMUNION: _____ HOW OLD WERE YOU? _____

DO YOU HAVE A CERTIFICATE OF FIRST COMMUNION? YES _____ NO: _____

***(YOU MUST PROVIDE A COPY OF THE CERTIFICATE IN ORDER TO BE CONFIRMED)**

PLEASE ANSWER ALL OF F FOLLOWING QUESTIONS THAT APPLY TO YOU:

SINGLE: _____ **MARRIED:** _____ **DIVORCED:** _____ **SEPARATED:** _____

ENGAGED: _____ **WIDOWED:** _____ **REMARRIED AFTER DIVORCE:** _____

IF MARRIED OR REMARRIED, WAS THE MARRIAGE CEREMONY:

CIVIL: _____ **WHERE:** _____

RELIGIOUS: _____ **WHERE:** _____

(IF YOU HAVE ONLY A CIVIL MARRIAGE, YOU WILL NEED TO HAVE YOUR MARRIAGE VALIDATED BY THE CHURCH BEFORE YOU CAN BE CONFIRMED. YOU WILL BE NEED TO CONSULT WITH YOUR PASTOR)

IF YOU WERE MARRIED IN A CATHOLIC CEREMONY, PLEASE ANSWER THE FOLLOWING QUESTIONS:

FULL NAME OF SPOUSE: _____

NAME AND ADDRESS OF CHURCH: -----
_____ **DATE** _____

DO YOU HAVE CHILDREN: YES _____ **NO** _____

NAME: _____ **AGE:** _____ **BAPTIZED: YES** _____ **NO** _____

NAME: _____ **AGE:** _____ **BAPTIZED: YES** _____ **NO** _____

ARE YOU PRESENTLY ENGAGED?: **YES** _____ **NO** _____

IF YES, DATE AND LOCATION OF PLANNED WEDDING: _____

NAME OF FIANCE'/FIANCEE': _____

RELIGION: _____ **HAS HE/SHE BEEN MARRIED BEFORE? YES** _____ **NO** _____

WITH WHOM ARE YOU PRESENTLY LIVING?: _____

HAVE YOU EVER PARTICIPATED IN ANY OTHER RELIGION OTHER THAN CATHOLIC?: **YES** _____ **NO** _____

IF YES, NAME OF CHURCH OR RELIGION: _____

FOR HOW LONG: _____

DO YOU REGULARY ATTEND MASS AND RECEIVE THE EUCHARIST?: **YES** _____ **NO** _____

IF YOU HAVE ANY QUESTIONS ABOUT THE CATHOLIC FAITH THAT YOU WOULD LIKE ANSWERED, PLEASE LIST THEM HERE AND OF REVERSE SIDE::
