



Saint Charles Catholic Church
ADULT CONFIRMATION
Registration Form

FOR OFFICE USE ONLY
Reg. Fee
Paid
Balance
Rec. #
Date

TODAY'S DATE:

Name: Last First Middle Birth Name - If different

Address: Street City State Zip

Cell Number: Home Number Date of Birth:

Place of birth: Email Address:

Marital status (circle one): Single Married Engaged Living Together Divorced Separated Widowed

Name of Spouse/Fiancée: Religion:

Address (if different from above):

Number of Children: Age/s:

Full 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

Did you make your First Communion/Eucharist? 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 Phone:

For Office Use ONLY:

Interviewer:

Date: