



Adult Confirmation Information Form

This class is for those Catholic adults who are baptized and have made their First Holy Communion but who have not yet received the Sacrament of Confirmation.

Please print all information clearly

Information on this form is held in confidence and is not shared without your permission.

Full Name (First,Middle,Last): _____

Maiden Last Name (if applicable) _____

Date of Birth: _____ Place of Birth : _____

(City, State and Country, if outside the U.S.)

Father's Name: _____

Mother's Name (Including Maiden Last Name): _____

I. CONTACT INFORMATION

Full Mailing Address: _____

Phone: Home _____ Cell _____ Work: _____

Email: _____

II. RELIGIOUS HISTORY

1. Place of Baptism (Name of Church): _____

Address (If Known): _____

2. Place of First Eucharist/Communion (Name of Church): _____

Address (If Known): _____

For Office Use Only:

Completed 2016-2017 Session _____

Did not Complete 2016-2017 Session _____

Confirmation Name: _____ Sponsor: _____

III. CURRENT MARITAL STATUS

Check the appropriate statement below and provide any information requested beneath each statement.

___ 1. I have never been married.

___ 2. I am engaged to be married.

(a) Your Fiancé's Name: _____

(b) His/her current religious affiliation (if any): _____

(c) This will be his/her first marriage ___

My fiancé has been married before ___ if so, how many times? _____

___ 3. I am married.

(a) Your spouse's name: _____

(b) His/Her religious affiliation (if any): _____

(c) Date of marriage: _____

(d) Place of marriage: _____

(e) Officiating Authority of marriage: _____

(civil government, non-Catholic Minister, non-Christian Minister, Catholic Priest or Deacon)

(f) For you:

This is my first marriage ___

I have been married before ___ if so, how many times? _____

(g) For your spouse:

This is his/her first marriage ___

My spouse has been married before ___ if so, how many times? _____

___ 4. I am married, but separated (not divorced) from my spouse.

___ 5. I am divorced and I have not remarried.

(a) Your former spouse's name: _____

(b) His/Her religious affiliation (if any): _____

(c) Date of marriage: _____

(d) Place of marriage: _____

(e) Officiating Authority of marriage: _____

(civil government, non-Catholic Minister, non-Christian Minister, Catholic Priest or Deacon)

(f) For you:

This was my first marriage ___

I had been married before ___ if so, how many times? _____

(g) For your spouse:

This was his/her first marriage ___

He/She was married before ___ if so, how many times? _____

___ 6. I am a widow/widower and have not remarried since my spouse's death.