



# St. Michael Parish Adult Confirmation Registration Form

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Baptized as: Roman Catholic \_\_\_\_\_ Other: (Please Identify) \_\_\_\_\_

Approximate Date: \_\_\_\_\_ **Note:** Baptismal Certificate is needed

Church of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_

Have you received the following sacraments in the Roman Catholic Church?

Reconciliation/Penance: Yes \_\_\_ No \_\_\_ First Communion: Yes \_\_\_ No \_\_\_

Reason for requesting Confirmation at this time \_\_\_\_\_

Current Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

Is your current marriage your first? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Is your current marriage your spouse's first? Yes \_\_\_ No \_\_\_ N/A \_\_\_

If no, please give name of ex-spouse(s), date(s) of marriage and divorce:

\_\_\_\_\_  
\_\_\_\_\_

**Sponsor:** Must be an active and fully initiated (received Baptism, Confirmation and Eucharist) Roman Catholic.

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Church: \_\_\_\_\_ City/State \_\_\_\_\_

Special Concerns/Needs: