

BLESSED SACRAMENT CHURCH  
(Adult) Confirmation Registration  
2020-2021

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip

Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_ Gender: \_\_ Place of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
First Last Maiden

Father's Name: \_\_\_\_\_  
First Last

Date \_\_\_\_\_ Place of baptism (Church name & complete address) \_\_\_\_\_  
Yes / No Baptism \_\_/\_\_/\_\_\_\_

*Original Baptism certificate is required.*

\*If military baptism, what is the military number? \_\_\_\_\_

Yes / No **1<sup>st</sup> Penance** \_\_/\_\_/\_\_\_\_  
Church Name City State

Yes / No **1<sup>st</sup> Communion** \_\_/\_\_/\_\_\_\_  
Church Name City State

Yes / No I have Special Needs. If yes, describe here:  
\_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Confirmation Saint Name: \_\_\_\_\_

**In case of emergency, please contact:**

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

**Candidate Consent**

I understand that in this program, administered by the parish Faith Formation Department, Christianity is presented according to the teachings of the Roman Catholic Church.

I agree to attend the formation sessions regularly and to meet all other guidelines in order to prepare for this sacrament.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Marital Information

**Please check any of the following statements that may apply to you:**

*All information will be kept in strict confidence.*

I am married \_\_\_\_\_

I have been married only once \_\_\_\_\_

I am not married \_\_\_\_\_

I have never been married \_\_\_\_\_

I was married before \_\_\_\_\_

I am divorced and remarried \_\_\_\_\_

How many times? \_\_\_\_\_

Annulled. \_\_\_\_\_

I am presently separated \_\_\_\_\_

My spouse was married before \_\_\_\_\_

My spouse's previous marriage was annulled \_\_\_\_\_

My present marriage was performed by a

\_\_\_\_\_  
(Catholic Priest, Protestant Minister, Justice of the Peace, etc.)

When? \_\_\_\_\_

Where? \_\_\_\_\_  
City State

**Name of Church, if applicable:** \_\_\_\_\_

**Name of present spouse:** \_\_\_\_\_

**Religion of present spouse:** \_\_\_\_\_

**Are you contemplating marriage within the next 12 months:** \_\_\_\_\_

**If yes, to whom?** \_\_\_\_\_

**Religion of this person:** \_\_\_\_\_

**Was this person married before? \_\_\_\_\_ was the marriage annulled.** \_\_\_\_\_

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**Registration fee:** \_\_\_\_\_ **Paid:** Cash: \_\_\_\_\_ Check#: \_\_\_\_\_

