

St. Clare Catholic Church

Adult Confirmation Registration

Candidate Information:

Full Name: _____ Today's Date: _____

Maiden Name, *if applicable*: _____

Home Address: _____ City: _____

Zip Code: _____

Phone Number(s): Home: _____ Work: _____

Cell: _____

Email address: _____

Date of Birth: _____ City of Birth _____ State: _____

Father's Full Name: _____ Mother's Full Name: _____
(Including maiden name)

Please answer the following: (*Or you may leave blank and speak with one of the clergy, if you wish.*)

Are you married, or are you preparing for marriage? Yes _____ No _____

If yes, have **you or your spouse/fiancé** ever been married before? Yes _____ No _____

If yes, has the previous marriage(s), ***including any civil marriage***, been considered by a Catholic Tribunal for annulment or dissolution?

Yes _____ Diocese: _____ Year _____

No _____

Baptism Information:

Date of Baptism: _____ City and State where baptized: _____

Parish Name: _____ Name of Priest who baptized you: _____

Full address of Church of Baptism: _____

Do you have a copy of your Baptism Certificate? Yes _____ No _____

First Communion Information:

Date of 1st Communion: _____ Parish Name: _____

City and State where received: _____

Do you have a copy of your 1st Communion Certificate? Yes _____ No _____

Confirmation Sponsor Information

Name(s): _____

Home Address: _____ City: _____

Telephone Number: _____ E-mail: _____