

ST. ELIZABETH ANN SETON CATHOLIC CHURCH

Adult Confirmation Registration Form

NAME (Last, First Middle) _____

ADDRESS _____

HOME PHONE _____ **CELL PHONE** _____

EMAIL _____

Place of Birth (City, State) _____

Date of Birth (MM-DD-YY) _____

Father's FULL name _____

Mother's FULL name _____

Mother's MAIDEN name _____

Name of the church were you were baptized _____

Address: _____

If Catholic, have you received the Sacraments of: Eucharist _____

Reconciliation _____

Are you frequently receiving the Sacraments now? _____

Are you married? _____

If yes, what is your spouse's name (FULL name)

Date of the wedding _____

Location (name of the church, city, state) _____

Were you married in the Catholic Church before a priest and two witnesses? _____

Was your spouse Catholic at the time of marriage? _____

Is this your first marriage? _____

Is this your spouse's first marriage? _____

Are you planning to be married soon? _____ When? _____

Where do you plan to be married? _____

Fiancé's name _____

If you are not married now, have you been married before? _____

Have you sought or been granted an annulment in the Catholic Church? _____

When? _____ Where? _____

Have you ever taken instructions in the Catholic Church? _____
If yes, where? _____
Have you ever taken part in a RCIA Process? _____
If yes, where? _____

What are the names of any close friends that are members of St. Elizabeth Ann Seton Catholic Church?

OFFICE USE

Confirmation Name _____
Age at time of Confirmation _____

Sponsor's name _____
Sponsor's telephone number _____
Sponsor's address _____

Sponsor's email address _____