

Name \_\_\_\_\_ Parish \_\_\_\_\_  
Sponsor Name \_\_\_\_\_ Relation to you \_\_\_\_\_  
Sponsor Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

### Adult Confirmation 2011

#### **General Information**

Name \_\_\_\_\_  
First Middle Last (Maiden)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_  
Home Work Cell

Emergency Contact \_\_\_\_\_  
Name Relationship Phone

#### **Marital Status** MARK ALL THAT HAVE APPLIED IN YOUR LIFE

Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_  
Is there a previous Marriage and divorce? Yes No Annulment Granted? Yes No

Current Spouse \_\_\_\_\_  
or Fiancée First Last (Maiden) Religion

Place of Marriage \_\_\_\_\_  
(Name of Church, Courthouse, etc) (Date of Marriage)

City/State of Marriage \_\_\_\_\_

If previously married, please list the name of the spouse, the church or place of the marriage, what religion you were married into and the faith of your spouse at the time:

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#### **Children** List all sacraments the child has received

Name \_\_\_\_\_ Age \_\_\_\_\_ Sacraments \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sacraments \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sacraments \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sacraments \_\_\_\_\_

**Religious Background** Complete all that applies (Send copy of Baptism certificate if not baptized at St. Veronica or St. Paul)

Date of Birth \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

Religion of Baptism: \_\_\_\_\_

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

Date of Baptism: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Father's Last Name	First	Middle	Religion
_____	_____	_____	_____

Mother's Last Name	First	Middle	Maiden	Religion
_____	_____	_____	_____	_____

Year of Catholic First Communion: \_\_\_\_\_

How much formal religious instruction did you receive as a child/youth?

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

How much formal religious instruction have you received as an adult?

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

Any special questions or topics you would like addressed during the program:

-----Office Use Only-----  
Date Form Received \_\_\_\_\_  
\$25 Fee Received \_\_\_\_\_ Cash \_\_\_\_\_ Check Number \_\_\_\_\_  
Baptismal Certificate \_\_\_\_\_