

Registration Form for Adult Confirmation Class

Please Print:

Name: _____ (Maiden, if applicable): _____

Home Telephone: _____ Cell #: _____

Address: _____

City: _____ Zip Code: _____

Date of Birth: _____ Date of Baptism: _____

Church of Baptism: _____

City: _____ Zip Code: _____

Email address: _____

Please check all that apply:

_____ I have never been married

_____ I have been married before

_____ This is my first marriage

_____ My spouse has been married before

_____ This is my spouses first marriage

_____ I have received First Communion

_____ I am living with my significant other

Parents:

Father's Full Name: _____

Mother's Full Name: _____

Confirmation Saint Name: _____

Sponsor's Name: _____

(Has this person been confirmed and is he/she a practicing Catholic?)

NOTE: Return this form to Deacon David Costello at St Joseph Rectory. Questions? Call him at 603 560-4484.