

Date:

Adult Confirmation Candidate

Confirmation Candidate: _____
First Middle Last Name (Women provide Maiden)

Mailing Address: _____

E-mail address: _____ Phone Number: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Mother's First Name & Maiden Name: _____

Are you a Registered Parishioner of St. Martin de Porres: _____ If not a member where are you registered? _____

Sacraments Received

Baptismal Status: *(Adult Confirmation Candidates should have been baptized in Catholic Church)*

Provide a copy of your baptismal certificate & First Communion Certificate

First Communion Status:

First Communion: _____ Date Received _____ Church Name & Address _____

Marital Status:

_____ *Single*

If Married:

_____ *Married*

Spouse's Name: _____

Spouse's Religion: _____

Place of Marriage: _____

Were either of you married before?

Husband: _____ *yes* _____ *no* if yes for either, divorced / annulled _____

Wife: _____ *yes* _____ *no* if yes for either, spouse's religion _____ needs marriage blessed before Confirmation _____

For office staff:

Confirmation Sponsor: _____

Confirmation Name: _____

Baptismal Certificate Received: _____ First Communion Certificate Received: _____