

CONFIRMATION REQUEST FORM FOR ADULTS

Today's date: _____



ST. MARK the EVANGELIST
CATHOLIC CHURCH

I. Contact Information

Name (legal name): _____
First Middle Last Maiden Name

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (day): _____ Phone # (evening): _____ Cell #: _____

Email (please print clearly): _____

Date of Birth: _____ Place of birth: (city, state) _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

Are you a registered member of the Catholic community of St Mark the Evangelist? _____

II. Sacrament History

Name of Church of Baptism: _____ City: _____ State: _____

****Please provide recently issued copy of Baptismal Certificate (within the last 6 months)***

If you were baptized Catholic, check the sacraments you have already received:

Reconciliation Eucharist (First Communion)

III. Current Marital Status (please check one)

- I am single and never been married (Skip section IV)
- I am engaged to be married. (Please complete section IV-A below)
- I am currently married. (Please complete section IV-B below)
- I am married but separated from my spouse. (Please complete section IV-B below)
- I am divorced and I have not remarried. (Please complete section IV- B below)
- I am widowed and have not remarried. (Skip section IV)

IV. Marriage Information

A. Engaged to be married

Is this your first marriage? ____ If no, former spouse(s) still living? ____

Fiancé(e)'s name: _____ Religious affiliation: _____

Fiancé's first marriage? ____ If no, former spouse(s) still living? ____

B. Currently or previously married

Civil or Church ceremony? _____ City: _____ State: _____

If currently married:

Spouse's name: _____ Religious affiliation: _____

Is this your first marriage? ____ If no, former spouse(s) still living? ____

Is this your spouse's first marriage? ____ If no, former spouse(s) still living? ____

If previously married:

Was this your first marriage? ____ If no, former spouse(s) still living? ____

Signature: _____ Date: _____

(PLEASE ANSWER DISCUSSION QUESTIONS ON THE BACK OF THIS PAGE)

Name: _____

Discussion Questions (attach notes if necessary)

Why are you interested in Confirmation?

What is your experience of God up to this point in your life? Where did you learn about God? What was your family's involvement in religion?

Other information or any concern you would like to share with us:

Office Use Only:

| | | |
|--|-------------------|-------------|
| Fam. ID. # _____ Date Received: _____ <input type="checkbox"/> Interview / <input type="checkbox"/> Fee Paid / <input type="checkbox"/> Birth Cert./ <input type="checkbox"/> Bapt. Cert. / <input type="checkbox"/> Patron Saint Form / <input type="checkbox"/> Sponsor Elig. Form | | |
| <input type="checkbox"/> Sacrament received | Celebrant: _____ | Date: _____ |
| <input type="checkbox"/> Proper documentation submitted to Sac. Records | By (print): _____ | Date: _____ |
| <input type="checkbox"/> Sacrament Recorded in Register and Index: Volume: _____ Page: _____ Line: _____ | By (print): _____ | Date: _____ |
| <input type="checkbox"/> Volume, Page, and Line entered in database | By (print): _____ | Date: _____ |
| <input type="checkbox"/> Sacrament Info entered in Parishsoft | By (print): _____ | Date: _____ |
| <input type="checkbox"/> Certificate issued | By (print): _____ | Date: _____ |
| <input type="checkbox"/> Copy of Certificate w. proper documentation in family file | By (print): _____ | Date: _____ |