

Sacrament of Confirmation Adult Formation Questionnaire

Full Name _____

Street Address _____

City/State/Zip _____

Home Phone _____ Work _____ Cell _____

City/State where you were born _____

Date of Birth _____ Have you officially registered in this parish? _____

What is your marital status: Single Married Divorced Widowed

If married, was/is it in the Catholic Church? _____

Maiden Name _____

Sacrament Information

Are you baptized: _____ Church and date: _____

Church mailing address: _____

Did you make your First Communion? _____ Date _____
(Month/year)

What church? _____

Have you received First Reconciliation? _____ Date _____
(Month/year)

What Church? _____

Are you attending Mass on a weekly basis? _____ Since what date? _____

Confirmation Sponsor Information

Full Name of your Confirmation sponsor _____

Is your sponsor Catholic? _____ Is he/she attending Mass weekly? _____

Sponsor certificate received? _____ Member of What Parish? _____