

St. Thomas Aquinas Catholic Church

700 Brown Chapel Rd.

St. Cloud, FL 34769

407-957-4495 ext.230

**ADULT CONFIRMATION
REGISTRATION
2020/21***(LEGAL NAME: No Nicknames or Abbreviations)*

<i>First Name</i>	<i>Middle Name</i>	<i>(Maiden Name)</i>	<i>Last Name</i>
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Date of Birth: _____ **Place of Birth** (City/State/Province/Country): _____**Regarding your Father:** _____

<i>First Name</i>	<i>Full Middle Name</i>	<i>Last Name</i>	<i>Religion</i>
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Regarding your Mother: _____

<i>First Name</i>	<i>Full Middle Name</i>	<i>Maiden Name</i>	<i>Religion</i>
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CONTACT INFORMATION**Mailing Address:** _____*City**State**Zip Code***Email Address:** _____**Cell Phone:** _____ **Home Phone:** _____**Occupation:** _____ **Work Phone:** _____**RELIGIOUS HISTORY****Present religious affiliation?** _____**Date of Baptism:** _____**(A COPY OF YOUR BAPTISMAL CERTIFICATE IS REQUIRED!)****Church of Baptism:** _____**Church Address:** _____*City**State**Zip Code***I have _____ have not _____ received these sacraments: Reconciliation & Eucharist****Religious Background (Training, education, current, etc.):** _____**Confirmation Name:** _____

CURRENT MARITAL STATUS

(Note: If the candidate, their fiancé, or spouse has/have/had ANY PRIOR MARRIAGES in ANY TYPE OF MARRIAGE CEREMONY, whether in a church or not, please be sure to note in the appropriate space!)

I am single and have never been married.

_____ **I am married.**

Your Spouse's Name: _____

Your Spouse's Current Religious Affiliation (if any): _____

Date of Marriage: _____ Place of Marriage: _____

For you: ____ This is my first marriage. ____ I have been married before.

For your spouse: ____ This is his/her first marriage. ____ He/she has been married before.

Prior Marriages:

I am engaged to be married.

_____ Your Fiancé(e)'s Name: _____

Your fiancé(e)'s Current Religious Affiliation (if any): _____

For you: ____ This is my first marriage. ____ I have been married before.

For your fiancé(e): ____ This is his/her first marriage. ____ He/she has been married before.

Prior Marriages:

I am married, but separated from my spouse.

_____ **I am divorced and I have not remarried.**

_____ **I am a widow/widower.**

SPONSOR INFORMATION

Sponsor's Full Name: _____
First Name Middle Name Last Name

Sponsor's Email: _____

Sponsor's Phone Number: _____

Sponsor's Church: _____

Adult Confirmation Registration Fee/\$65.00

\$65.00 cash

\$65.00 check

Receipt # _____