



**Adult Confirmation Registration / Information Form** MHT intake person \_\_\_\_\_

Name: \_\_\_\_\_ D.O.Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Cost: \$75.00 Date Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Baptism Certificate Received On: \_\_\_\_\_ Date Baptized: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_

1st Communion Yes \_\_\_\_\_ No \_\_\_\_\_ If 'Yes' approximate Date: \_\_\_\_\_

Church of 1st Communion: \_\_\_\_\_

Confirmation name is used: \_\_\_\_\_

Sponsors Name: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_

Minister of Confirmation: \_\_\_\_\_

Church of Confirmation: \_\_\_\_\_