St. Joseph Roman Catholic Church
P.O. Box 279, Cecilia, LA 70521
Phone: (337) 667-6344 Fax: (337) 667-7073 **Website**: stjosephcecilia.com
Email: secretary@stjosephcecilia.com

St. Rose of Lima Catholic Church
P.O. Box 126, Cecilia, LA 70521
Phone & Fax: (337) 667-6555
Email:st.roseoflimacatholicchurch@yahoo.com

ADULT CONFIRMATION REGISTRATION FORM

SELECT PARISH YOU ARE REGISTERED WITH: _____St. Joseph _____St. Rose of Lima (Return form to Parish you belong to)

Name: _____
First Middle Last

Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Email Address: _____

Phone Numbers:_____
Home Work Cellular

Date and Location of Baptism: _____
(Certificate must be sent to Parish Office before March 2021)

Did you make your First Communion? _____YES _____NO (if No, you will be required to take a 5th class)

Marital Status: _____Married(in the Catholic Church) _____Married (Civil Marriage) _____ Cohabitation _____SINGLE

The Saint name I have chosen is: _____

The Sponsor I have chosen fulfills all of the requirements of the Catholic Church: _____ YES _____NO
Requirements: An adult (16 or older) who: • is a fully initiated Catholic (has received the Sacraments of Baptism, Eucharist and Confirmation), • is active, by regularly attending Mass and receives the Sacraments, • Is not your father or mother, and if married, he/she must be in a valid marriage recognized by the Catholic Church.

I attend Sunday Mass and Holy Days of Obligations at _____(Please list the Church Parish you attend)

_____ _____
Signature **Date**