

Adult Confirmation Request Form

PLEASE COMPLETE THIS DOCUMENT IN FULL. PRINT/TYPE LEGIBLY AND ACCURATELY.
THIS INFORMATION WILL BE RECORDED IN OUR CHURCH REGISTER.

CANDIDATE NAME _____

HOME PHONE _____ EMAIL _____

HOME ADDRESS _____

(Street Number)

(Street Name)

(City)

(State/Zip)

DATE OF BIRTH _____ DATE OF BAPTISM _____
(month/day/year) (month/day/year)

CONFIRMATION NAME (optional) _____
(saint name)

PLACE OF BAPTISM _____
(Name of the Church)

CHURCH OF ORIGIN ADDRESS _____

(Typically this is the church of Baptism.

(Street Number)

(Street Name)

For converts, this is where you made your

Profession of Faith.)

(City)

(State/Zip)

(Country)

FATHER'S NAME _____
(first) (middle) (last)

MOTHER'S NAME _____
(first) (middle) (MAIDEN)

SPONSOR'S NAME _____
(first) (last)

SPONSOR'S NAME(S) _____
(first) (last)