

ADULT CONFIRMATION REGISTRATION FORM

CANDIDATE'S FULL NAME: _____

STREET ADDRESS: _____

PHONE: _____ EMAIL: _____

BIRTHPLACE (CITY, STATE): _____ Date of Birth: _____

SACRAMENTS ALREADY RECEIVED: Check if yes: BAPTISM ___ EUCHARIST ___ RECONCILIATION ___
(These are required before receiving the Sacrament of Confirmation)

___ BAPTIZED AT OUR LADY OF FATIMA? WE SHOULD HAVE YOUR CERTIFICATE ON FILE—YOU DO NOT NEED TO PROVIDE IT. **OR**

___ BAPTIZED AT ANOTHER PARISH? PLEASE ENCLOSE A COPY OF THE CERTIFICATE (ORIGINALS WILL BE RETURNED TO YOU.)

CELL # _____ TEXT: YES ___ NO ___

ALLERGIES: _____

CONFIRMATION SPONSOR NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

IS THIS PERSON A CONFIRMED CATHOLIC IN GOOD STANDING WITH THE CHURCH? YES ____.

NO ____ . I don't know _____

The program fee is \$50 per candidate which helps to defray the cost. Please include a check made out to "Our Lady of Fatima Parish" with your registration.

Office only: Check number _____