



# SAINT FRANCIS OF ASSISI REGISTRATION FORM

## ADULT CONFIRMATION

2024-2025

Candidate's Name in Full (as it Appears on the Baptismal Certificate if Baptized):

Address \_\_\_\_\_

*City*

*State*

*Zip Code*

Telephone/Home: \_\_\_\_\_ Cellular: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth : \_\_\_\_\_

E-Mail: \_\_\_\_\_

Must have valid email address in order to be registered for the Sacrament

Are you single? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you Married? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify.

Married Civil \_\_\_\_\_ Catholic Church \_\_\_\_\_ Other Church \_\_\_\_\_ Common Law \_\_\_\_\_

### BAPTISM INFORMATION

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

City and State: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

### FIRST HOLY COMMUNION INFORMATION

Date of FHC: \_\_\_\_\_ Church: \_\_\_\_\_

City & State: \_\_\_\_\_

\*Candidates Confirmation Sponsor's Name: \_\_\_\_\_

Donation \$75.00  
Date Paid: \_\_\_\_\_

Baptism Certificate  
Date Received \_\_\_\_\_

First Holy Communion  
Date Received \_\_\_\_\_

Office Use Only:

Adult Confirmation \_\_\_\_\_