



SAINT VINCENT DE PAUL CATHOLIC CHURCH

Adult Confirmation Registration 2010-2011

Please, complete all three pages.

Classes Begin: In the Fall of 2010	<input type="checkbox"/> Adult Confirmation (English)
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PLEASE SUBMIT COPIES OF ALL YOUR SACRAMENTAL CERTIFICATES (BAPTISM, FIRST COMMUNION AND MARRIAGE) WITH YOUR REGISTRATION.

I. GENERAL INFORMATION

Name (full legal name) _____

Nick Name _____ Maiden Name _____

Address _____

Telephone (home) _____ (work) _____

Cell Phone _____ Email: _____

Date of Birth _____ Place of Birth _____

Father's Name _____ Mother's Full Name (at present) _____

Mother's Maiden Name _____

II. BACKGROUND

High School Education Yes No

College Education Yes No Degree _____

Field of Study _____

Reason(s) for wanting to be Confirmed: _____

Adult Confirmation Fee \$50.00. Cash, checks and credit cards are accepted.

Make checks payable to: S.V.D.P. (Saint Vincent de Paul)

Check Box for Sacramental Certificate		
Baptismal Certificate	Communion Certificate	Marriage Certificate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY: Registration _____ Retreat _____ Total Amount Due \$ _____			
Date: _____	Amount Paid \$ _____	Method of Payment _____	Balance \$ _____
Comments: _____			

Prior Church Involvement:

Church attendance at _____

Parochial School _____

Other: _____

III. BAPTISMAL STATUS

Have you been baptized ? Yes No

Name of Church _____

Full Address of Church _____

Date of Baptism _____

IV. FIRST COMMUNION

First Communion date _____

Name of Church _____

Full Address of Church _____

IV. MARITAL STATUS

Never married "Living together" with a partner

Engaged proposed wedding date _____ Catholic wedding: Yes No

Name of Intended _____

Is Intended baptized? Yes No His/Her Religion? _____

What is previous marital status of your intended? never married widow/er divorced

If intended is divorced, give following information for each former marriage

Name of former Spouse _____

Was former Spouse baptized at time of marriage? Yes No

Place of Wedding (City, State) _____

Officiant: Priest Minister Civil Official

Date of final divorce, civil annulment or ecclesiastical annulment _____

Priest who is handling this Marriage Case _____

Presently married In Catholic Church? Yes No

If Yes, Church: _____ Date: _____

Name of Spouse _____

Spouse Baptized Yes No

Church Address _____

What is previous marital status of your Spouse? never married widow/er divorced

If Spouse was divorced, give following information for each former marriage

Name of former Spouse _____

Was former Spouse baptized? Yes No

Place of Wedding (City, State) _____

Officiant: Priest Minister Civil Official

Date of final divorce, civil annulment or ecclesiastical annulment _____

Separated

Priest who is handling this Marriage Case _____

Divorced

Name of Spouse _____

Was former Spouse baptized at time of marriage? Yes No

Place of Wedding (City, State) _____

Officiant: Priest Minister Civil Official

Date of final divorce, civil annulment or ecclesiastical annulment _____

Name of former Spouse _____

Was former Spouse baptized at time of marriage? Yes No

Place of Wedding (City, State) _____

Officiant: Priest Minister Civil Official

Date of final divorce, civil annulment or ecclesiastical annulment _____

Name of former Spouse _____

Was former Spouse baptized? Yes No

Place of Wedding (City, State) _____

Officiant Priest Minister Civil Official

Date of final divorce, civil annulment or ecclesiastical annulment _____

Priest who is handling this Marriage Case _____

Widow /er

Name of former spouse _____ Date of death _____