

CONFIRMATION FOR ADULTS REGISTRATION

ALL INFORMATION MUST BE COMPLETED AND RECEIVED BY FRIDAY, MAY 26, 2017. THANK YOU.

Parish Name:

Address:

City

Zip:

County:

Phone:

Adult Confirmation Parish Coordinator/Phone & Email:

CANDIDATE'S PERSONAL INFORMATION

Name:

___ Mr.

___ Ms.

___ Mrs.

(First)

(Middle)

(Last)

Address:

(Street)

(City)

(State/Zip Code)

Date of Birth:

Would you like to receive the Sacrament of Confirmation in Spanish? Yes _____ No _____

Access Information:

Country of Birth:

Sighted Guide ___ ASL interpreter ___ Wheel chair access ___ Assisted Listening Device ___

Other (please specify): _____

CANDIDATE'S SACRAMENTAL RECORD

Church of Baptism:

Date of Baptism:

Church of
Baptism
Complete
Address:

Street:

City/State/zip code (or Country):

If married, Name and Place of Church of Marriage:

Will the Candidate make his/her First Holy Communion? Yes _____ No _____

Candidate's Full Name (as it appears on the Baptismal Certificate):

Confirmation Name:

Sponsor's Name and Parish:

ATTACHMENTS

—Candidate's Baptismal Certificate

—Certificate or Letter of Eligibility for sponsor (only 1 sponsor per candidate)

Return this form and attachments to: **Office for Divine Worship, 222 N. 17th Street, Philadelphia, PA 19103, ATTN: Connie Scharff**

Adult Confirmation will be celebrated at the Cathedral Basilica of Saints Peter and Paul, on **Sunday, June 4, 2017, at 6:30 PM.**