

R.C.I.A./ADULT CONFIRMATION ENROLLMENT FORM 2016-2017

Name: _____

Address: _____ City: _____ Zip: _____

Email: _____ Cell Phone: _____

Occupation: _____ Place of Work: _____

Work Phone: _____ Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

EDUCATIONAL BACKGROUND:

High School: _____ College: _____

HAVE YOU EVER BEEN BAPTIZED: Yes No

Name of Church: _____ Denomination: _____

Location: _____ Date of Baptism: _____

Do you have a Certificate of Baptism or can you obtain one: Yes No

HAVE YOU EVER BEEN CONFIRMED: Yes No

Name of Church: _____ Denomination: _____

HAVE YOU EVER RECEIVED COMMUNION: Yes No

Name of Church: _____ Denomination: _____

Location: _____ Date: _____

HAVE YOU EVER BEEN ACCEPTED AS A CATECHUMEN OR CANDIDATE IN THE CATHOLIC CHURCH: Yes No

Name of Church: _____ Location: _____ Date: _____

ARE YOU CURRENTLY MARRIED: Yes No

To whom are you currently married: _____ Religion of Spouse: _____

Place of Marriage: _____ Date of Marriage: _____

Prior to this marriage, have you ever been married to another person in a church, civilly, or in common law: Y N

PLEASE DO NOT WRITE BELOW THIS LINE!

Name of Sponsor: _____

Saint's Name: _____

Date of Confirmation: _____

Confirming Prelate: _____