

**Holy Spirit Catholic Community
Adult Confirmation Information Form**

Your Full Name: _____

Saint's Name: _____

Church of Baptism: _____

Church Address (City & State) _____

Date of Baptism: _____

Copy of Baptismal Certificate attached: _____ **I understand that a copy needs to be turned into the Pastoral Life Center, 524 N. 7th Ave. no later than _____.**

Father: _____

Mother (with Maiden name): _____

Spouse: _____

Is this your first marriage? _____ yes _____ no
(We need a copy of all annulment decrees for previous marriages)

Home Address: _____

City Zip Code

Home Phone: _____

E-mail address: _____

Name of Sponsor: _____

Address: _____

Phone: Home: _____ Work: _____

For office use only:

Date of Confirmation: _____

Presider: _____ Church: _____

Notification Sent: _____

By Whom: _____