



Office of Education, Evangelization and Catechesis  
467 Bloomfield Avenue, Bloomfield, Connecticut 06002  
Phone: 860.242.5573, Fax: 860.243.9690 www.CatholicEdAOHCT.org

**ADULT CONFIRMATION – SPRING 2020**  
**COMPLETED FORM DUE BY APRIL 21, 2020**

**Contact Information**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Sacramental Information**

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

*Please attach Baptism and First Communion records.*

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

Street: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church of First Holy Communion: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you married? Yes \_\_\_\_\_ No \_\_\_\_\_ Maiden Name: \_\_\_\_\_

If you are married, were you married in the Catholic Church? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please note that all matters of marriage must be resolved before  
receiving the sacrament of Confirmation.*

**PLEASE DO NOT SUBSTITUTE THIS INFORMATION SHEET WITH ANOTHER**



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**Other Information**

Confirmation Name (*must be that of a saint*): \_\_\_\_\_

Sponsor's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Sponsor's Relation to Candidate: \_\_\_\_\_

*Please attach signed sponsor form.*

*Where is Your Adult Confirmation Class Taking Place?*

Parish: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Catechist: \_\_\_\_\_ Title: \_\_\_\_\_

**Catechist Endorsement**

Catechist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I testify that the applicant has completed their catechesis, has resolved all sacramental obstacles, and is prepared to receive the sacrament of Confirmation.

I am attaching herein all sacramental records for this confirmand.

*It is the responsibility of the catechist to collect all sacramental records, verify questions of sacraments and marriage, and provide copies as requested by the OEEC..*

*Is This The Parish Where You Regularly Worship/Are Registered?* Yes \_\_\_\_\_ No \_\_\_\_\_

If No: Parish: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Pastor of Registered Parish Endorsement**

By signing this form, I testify to the completeness and accuracy of the above information.

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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