

Office of Education, Evangelization and Catechesis

467 Bloomfield Avenue, Bloomfield, Connecticut 06002

Phone: 860.242.5573, Fax: 860.243.9690

ADULT CONFIRMATION - SPRING 2018 COMPLETED FORM DUE BY MARCH 30, 2018

Contact Information

Last Name:		First Name			
Age Date c	f Birth:				
Home Address:					
Town:		State:		Zip:	_
Phone Number:					
Email:					
Sacramental Information	1				
Father's First Name:		Last	: Name:		
Mother's First Name:		Maid	den Nam	e:	
Church of Baptism:				Date:	
Street:		Town:			
State:	Zip:				
Church of First Holy Com	munion:			Date:	
Street:			Town:		
State:	Zip:				
Are you married? Yes_	No	. Maiden Nan	ne:		
lf you are m	arried, were you	ı married in tl	he Catho	lic Church? Yes _	No
Please note that all mat	ters of marriage	e must be res	solved <u>be</u>	fore receiving the	sacrament of
		Confirmation	٦.		

PLEASE DO NOT SUBSTITUTE THIS INFORMATION SHEET WITH ANOTHER



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Other Information

Confirmation Name (must be that or	f a saint):
Sponsor's First Name:	Last Name:
Sponsor's Relation to Candidate:	
Where is Your Adult Confirmation Cl	ass Taking Place?
Parish:	Town:
State: Zip:	
Catechist:	Title:
Is This The Parish Where You Regula	rly Worship/Are Registered? Yes No
If No: Parish:	Town:
State:Zip:	
Catechist Endorsement	
Catechist's Signature:	Date:
By signing this form, I testify that the	e applicant has completed their catechesis, has resolved all
sacramental obstacles, and is	prepared to receive the sacrament of Confirmation.
Pastor of Registered Parish Endor	sement
Pastor's Signature:	Date:
By signing this form, I testify to th	e completeness and accuracy of the above information.
It is the responsibility of the	parish/catechist to collect all sacramental records,
verify questions of sacraments and	d marriage, and provide copies as requested by the OEEC.
This Sacrament of Confirmation will	be recorded at the parish of the Cathedral of Saint Joseph
	in Hartford, CT