



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 2019

COMPLETED FORM DUE BY **MAY 1, 2019**

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.

If requested, I will be able to procure 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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