



**St. Mark's Catholic Church
Adult Confirmation
Registration 2016-2017**

PERSONAL INFORMATION

First _____ Middle _____ Last _____
Phone (Home) _____ Phone (Cell) _____
Email _____
Date of Birth _____ Place of Birth _____
Address _____
City _____ State _____ Zip _____

SACRAMENTAL INFORMATION

Baptism

Date of Baptism _____ Name of Church _____
Church Address _____
City _____ State _____ Zip _____

(NOTE: we will need a recent copy of your baptismal certificate with notation)

1st Communion Information

Date of 1st Communion _____ Name of Church _____
Church Address _____
City _____ State _____ Zip _____

Marital Status

Single Engaged Married Widowed Divorced/not remarried Divorced/ Remarried

Name of Spouse _____
Date of Valid Catholic Marriage _____ Name of Church _____
Church Address _____
City _____ State _____ Zip _____

OFFICE USE ONLY

Date Registered _____ Baptism Certificate 1st HC Certificate Other

Note(s): _____

