

## Sacrament of Confirmation Adult Formation Questionnaire

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

City/State where you were born \_\_\_\_\_

Date of Birth \_\_\_\_\_ Have you officially registered in this parish? \_\_\_\_\_

What is your marital status:    Single            Married            Divorced            Widowed

If married, was it in the Catholic Church? \_\_\_\_\_

Maiden Name \_\_\_\_\_

### Sacrament Information

Are you baptized? \_\_\_\_\_ Church and date: \_\_\_\_\_

Church mailing address: \_\_\_\_\_

Did you receive your First Communion? \_\_\_\_\_ Date \_\_\_\_\_  
(Month/year)

What church? \_\_\_\_\_

Have you received First Reconciliation? \_\_\_\_\_ Date \_\_\_\_\_  
(Month/year)

What Church? \_\_\_\_\_

Are you attending Mass weekly? \_\_\_\_\_ Since what date? \_\_\_\_\_

### Confirmation Sponsor Information

Full legal name of your Confirmation sponsor \_\_\_\_\_

Is your sponsor a practicing Catholic? \_\_\_\_\_ Is he/she confirmed and at least 16 years old? \_\_\_\_\_

Sponsor certificate received? \_\_\_\_\_ Member of what parish? \_\_\_\_\_