

St. Thomas Aquinas Catholic Church

700 Brown Chapel Rd.

St. Cloud, FL 34769

407-957-4057

Adult Confirmation Registration 2017/18

(LEGAL NAME: No Nicknames or Abbreviations)

First Name _____ *Middle Name* _____ *(Maiden Name)* _____ *Last Name* _____

Date of Birth: _____ **Place of Birth** (City/State/Province/Country): _____

Regarding your Father: _____

First Name _____ *Full Middle Name* _____ *Last Name* _____ *Religion* _____

Regarding your Mother: _____

First Name _____ *Full Middle Name* _____ *Maiden Name* _____ *Religion* _____

CONTACT INFORMATION

Mailing Address: _____

City

State

Zip Code

Email Address: _____

Cell Phone: _____ **Home Phone:** _____

Occupation: _____ **Work Phone:** _____

RELIGIOUS HISTORY

Present religious affiliation? _____

Date of Baptism: _____

(A COPY OF YOUR BAPTISMAL CERTIFICATE IS REQUIRED!)

Church of Baptism: _____

Church Address: _____

City

State

Zip Code

I have _____ have not _____ received these sacraments: **Reconciliation & Eucharist**

Religious Background (Training, education, current, etc.): _____

Confirmation Name: _____

CURRENT MARITAL STATUS

(Note: If the candidate, their fiancé, or spouse has/have/had ANY PRIOR MARRIAGES in ANY TYPE OF MARRIAGE CEREMONY, whether in a church or not, please be sure to note in the appropriate space!)

I am single and have never been married.

I am married.

Your Spouse's Name: _____

Your Spouse's Current Religious Affiliation (if any): _____

Date of Marriage: _____ Place of Marriage: _____

For you: ____ This is my first marriage. ____ I have been married before.

For your spouse: ____ This is his/her first marriage. ____ He/she has been married before.

Prior Marriages:

I am engaged to be married.

Your Fiancé(e)'s Name: _____

Your fiancé(e)'s Current Religious Affiliation (if any): _____

For you: ____ This is my first marriage. ____ I have been married before.

For your fiancé(e): ____ This is his/her first marriage. ____ He/she has been married before.

Prior Marriages:

I am married, but separated from my spouse.

I am divorced and I have not remarried.

I am a widow/widower.

SPONSOR INFORMATION

Sponsor's Full Name: _____
First Name Middle Name Last Name

Sponsor's Email: _____

Sponsor's Phone Number: _____

Sponsor's Church: _____

Adult Confirmation Registration Fee/\$40.00

\$40.00 cash

\$40.00 check

Receipt # _____