

St. Anne Catholic Parish

32223 Cabello Street, Union city, CA 94587 – Phone: (510) 471-7766

email:stanneadultfaithformation@gmail.com

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ADULT CONFIRMATION REGISTRATION 2017-2018

Application and questionnaire

(2 pages)

Please return completed form to the parish office as soon as possible, but no later than September 25, 2017. Registration fee is \$50 payable to St. Anne's; financial assistance is available.

First Name: _____ Last Name: _____ Birth date: _____

Address: _____ City/Zip: _____

Phone: _____ Email: _____

Marital Status: Single (never married or widowed) Single (separated/divorced)
 Married (Catholic marriage) Married (civil marriage)

BAPTISM INFORMATION

Name on baptismal certificate: _____ Date of Baptism : _____

Church of Baptism: _____

Mailing Address : _____

The complete current address of the church of Baptism must be provided.

City: _____ State: _____ Zip: _____ Country: _____

A current copy of your baptismal certificate must be submitted prior to Confirmation.

Please contact the parish where you were baptized to request a copy.

FIRST EUCHARIST INFORMATION

Church of First Eucharist: _____

Mailing Address : _____

The complete current address of the church of First Eucharist must be provided.

City: _____ State: _____ Zip: _____
Country: _____

PARENT AND SPONSOR INFO

Father's First Name: _____ Last Name: _____

Mother's First Name: _____ Maiden Name: _____

Name of Confirmation Sponsor: _____
(Sponsor must be an actively practicing Catholic at least 16 years of age who has already been confirmed. If married, he or she must be in a marriage recognized as valid by the Catholic Church. Your baptismal godparent may be a good choice.)

Please complete page 2 on other side:

I. Why do you wish to be confirmed at this time?

II Briefly describe your relationship with God at this time of your life.

III In what ways do you serve others?

IV How do you see God's grace at work in your life?