

# Adult Registration



Date registered: \_\_\_\_\_

## A. Personal Information

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Email: \_\_\_\_\_ Telephone: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Place of Birth (city, state, country): \_\_\_\_\_
6. Father's Name: \_\_\_\_\_
7. Mother's Name with Maiden Last Name \_\_\_\_\_

## B. Religious Information

1. Were you Baptized?  YES  NO **If YES a copy of baptism certificate is needed**

Date of **Baptism**: \_\_\_\_\_

Church: \_\_\_\_\_

Place (City/ State/ Country) \_\_\_\_\_

2. Were you **Confirmed**?  YES  NO

Date of Confirmation: \_\_\_\_\_

Church: \_\_\_\_\_

Place (City/ State/ Country) \_\_\_\_\_

3. Did you receive **Holy Communion**?  YES  NO

Date of Confirmation: \_\_\_\_\_

Church: \_\_\_\_\_

Place (City/ State/ Country) \_\_\_\_\_

## C. Marriage Information

4. Are you currently or Have you ever been Married?  YES  NO

By the Catholic Church?  Civil Marriage Only?  Single?

Widow?  Divorced?  Separated?  Living together?

**If married by the Catholic Church a copy of your marriage certificate will be needed.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

REGISTRATION FEE: \$20

RECEIPT #: \_\_\_\_\_

Sacrament: Confirmation \_\_\_\_\_ Communion \_\_\_\_\_ Baptism \_\_\_\_\_