

**ST. PAUL CATHOLIC CENTER
ADULT CONFIRMATION REGISTRATION**

Candidate's Full Name _____

Father's Full Name _____

Mother's Full Maiden Name _____

Permanent Home Address _____

Local Phone Number _____

E-Mail Address that you check regularly _____

(If you do not know the following information please contact your parents as soon as possible)

Name of Church where baptized _____

Church's address _____

City and State _____

Date of baptism _____ **Date of birth** _____

Godparents _____

Do you need a sponsor? _____ **Yes** _____ **No**

If no, list name of sponsor _____

Are they a Confirmed Catholic over 18? _____ **Yes** _____ **No**