

Today's Date: _____

Name: First: _____ Middle: _____ Last: _____

Maiden Name (if applicable): _____

Mailing Address: _____ St: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____

Date of Birth: _____ Age: _____

City of Birth: _____ State of Birth: _____ Country of Birth: _____

Father's Name: _____ Mother's Name: _____

Date of Baptism: _____ *(please provide us with a copy of your Baptismal certificate)*

Name of Church: _____ City: _____ St: _____

Year of First Communion: _____ Name of Church: _____ City: _____ St: _____

Confirmation Sponsor Information:

You will need to choose as your sponsor an adult Catholic who is truly living his/her faith commitment. They will need to receive permission to be your sponsor from the parish in which they are registered.

Sponsors Name: _____ Home Phone: _____

Address: _____ City _____ St: _____ Zip: _____

Parish of Registration: _____ City _____ St: _____ Zip: _____

Marriage Information:

Your Maiden Name *(if applicable)*: _____

Indicate those that apply to you:

- | | | |
|--|---|--|
| <input type="checkbox"/> Never Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Widow/widower |
| <input type="checkbox"/> Married Once | <input type="checkbox"/> Divorced but not remarried | |
| <input type="checkbox"/> Engaged | <input type="checkbox"/> Divorced and remarried | |

Name of Present Spouse or Fiancé(e) *(Maiden name if applicable)*: _____

Fiancé(e):

- Never Married before
 Divorced
 Previous Marriage Annulled

Spouse:

- Separated
 Divorced but not remarried
 Divorced and remarried

Spouse/Fiancé(e)'s Religion: _____ Baptized? _____

Present Marriage Officiant:

- Civil Government non-Christian Minister Christian Minister Catholic cleric