

St Raphael the Archangel Catholic Church

Confirmation Registration Form

PERSONAL INFORMATION

Name _____ Today's Date _____

Address _____

Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____

Place of Birth _____ Date of Birth _____

Father's Name _____ Religion _____

Mother's Name _____ Maiden Name _____ Religion _____

____ I am a registered parishioner of St Raphael the Archangel Catholic Church

SACRAMENTAL HISTORY

Baptism Date: _____ Denomination _____

Name and address of Church _____

Eucharist Date: _____ Denomination _____

Name and address of Church _____

MARITAL AND FAMILY STATUS

Name: _____ Date _____

Are you married/single/engaged? _____

Name of spouse _____ Religion of Spouse _____

Children:

Name of child _____ Age _____

Name of child _____ Age _____

Name of child _____ Age _____

Name of child _____ Age _____

CURRENT MARITAL HISTORY

Date of Marriage (include pending):

Religious Ceremony? _____

What denomination? _____

Name of church and
address _____

PREVIOUS MARITAL HISTORY

Previous Marriage of self or of present spouse?

Name of previous spouse

Civil divorce obtained? Where?
