St. Bernardine of Siena Youth Ministry

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Adult Confirmation Candidate Information Form

Birth Name:_____(_____)
First Middle Last (Goes By - If Applicable)

Married Name (if applicable):_____
First Middle Last

Gender :(please circle) Male Female Height_____ Weight_____ Birth date: ____ /____ /____

Home Address:_____
Street City State Zip Code

Home Phone Number:_____ Mobile Phone Number:_____

E-Mail Address:_____

What Parish are you a member of? _____

How often do you attend Sunday Mass? Weekly Fairly Often Occasionally What's Mass?

What parish activities or ministries do you participate in (if any)?

_____

_____

87Current Marital Status (please circle): Single Engaged Married Separated Divorced Widowed

If you are currently married, are you married in the Catholic Church Yes No

If you are currently married, what is your spouse's name? _____

If you are currently engaged, what is your fiancé/fiancée's name? _____

If you are currently engaged to be married, will you be married in the Catholic Church Yes No

If you have any children, please list their names and ages:

Why are you interested in receiving the Sacrament of Confirmation at this time?