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St. Thomas the Apostle Catholic Church

ADULT CONFIRMATION REGISTRATION FORM

3774 Jackson St. Riverside, CA 92503 951.689.113 ext. 233

		Personal Information	ı	
Full Name:				
First		Last		Middle Name
Maiden Name (if applicabl	e)			
Father's Name		Mother's Full Name		
			nclude Maiden Nam	
Date of Birth:	Plac	ce of Birth:		
		City	State	Country
Current Address:				
City/ State/ Zip Code:				
, . <u></u>		Contact Information		
Phone Number: ()	e	mail:		
	Em	ergency Contact Informat	ion	
Name:				
First	Last	Phone #	Relatio	onship
		Relationship Status		
Relationship Status: single, engaged, married in the				nip, divorced, widowed.
Number of previous marriage			d) in the Catholic churc	ch?YesNo
*If married through the Cath registration form.	olic Church. You v	will need to provide your Cat	holic marriage certific	ate along with this
	S	acramental Informati	on	
	de of the Catholic	c church, please provide the of Baptism:		
☐ I have <u>not</u> received my F If you have received your F	•	nunion nion Please provide a copy o	of your certificate.	
		Flocknote		
Please indicate your pref	erence regardir	ng communication:		
• •	nas the Apostle	to send me an invitation to	download the Flock	enote app for OCIA

__ I decline the Flocknote app invitation and understand I am responsible for maintaining communication with the coordinator via email.

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Office Use Only

Patron Saint					
Patron Saint Name:					
Confirmation Sponsor					
Name:					
First Last Middle Maiden (if Applicable)					
Turned in Sponsor Form:YesNo Copy of Sponsor Confirmation CertificateYesNo					
Turned in copy of catholic marriage certificate if married:YesNo					
Home Parish					
Has received permission from their parish pastor to attend the OCIA process here at St. Thomas the Apostle Yes No Home Parish:					
Parish Name City					
Mass attending:					
Registered:YesNo Needs to RegisterOnly for Sacramental Prep.					
Tuition: \$140					
Total Tuition Due: Tuition Paid (at the time of Registration Cash/ Check/ Card: Balance: *Defer:					