

Adult Sacrament information
Please write legibly & complete every item

All information will be held in the strictest of confidence. All sponsors must be practicing their faith, in good standing with the church, have been confirmed, and, if married, married by the Catholic Church.

Name: _____
(Legal Name (First) (M) (Last)

Current Address: _____
(Street)

(City) (State) (Zip)

Date of Birth: month ____/date ____/year ____ Place of Birth (City/State/Country) _____
Home Phone: (____) _____ Cell Phone : (____) _____

E-mail Address: _____

****If you are not a registered member of this Parish, we invite you to please complete a Registration Form***

Do you speak/read/write English? Yes No Other spoken language(s): _____

• **Baptism Information**

Have you been baptized Catholic? Yes No If no, what religion? _____

Date of Baptism: month ____/date ____/year ____

Church of Baptism: _____

Church's Street Address: _____

Church's City/State/Zip/Country: _____

*****Baptismal Certificate must be on file at St. Joseph
Please show your original certificate.*****

• **Communion Information**

Did you receive your First Eucharist (Communion)? Yes No If yes, Date: month ____/day ____/year ____

Church of First Eucharist: _____

Church's City/State/Zip/Country: _____

*****First Communion Certificate must be on file at St. Joseph. Please show your original certificate.*****

• **Parent Information:**

Parent's Names: Father: _____
(First) (Last)

Mother: _____
(First) (Mother's Maiden Name)

• **Sponsor Information**

Sponsor's Name: _____
(First) (Last)

Adult Marital Information

Name: _____
(First) (M) (Last)

- **Current Marital Status** (please check one and complete corresponding section below):

☐ Single (Never Married) ☐ Engaged ☐ Married ☐ Widow(er) ☐ Separated ☐ Divorced

- **If Currently married**

Spouse's Name: _____
(First) (M) (Last)

How long have you been married: _____ Date of Marriage: month____/date____/year____

Service was: ☐ Church ☐ Civil If church service, Denomination: _____

Name of Church/Facility: _____

Location of Church/Facility: _____
(City) (State) (Country)

☐ If single and living with boyfriend/girlfriend/fiancée

- **Engaged**

Fiancée's Name: _____ Denomination: _____
(First) (M) (Last)

Planned Wedding Date: month____/date____/year____ Church: _____

- **Previous marriage?** ☐ Yes ☐ No

If yes, ☐ you were married before, and/or ☐ your fiancée was married before