



SAINT MARY CATHEDRAL  
203 East 10th Street, Austin, Texas 78701  
Tel (512) 476-6182, Fax (512) 476-8799

## ADULT CONFIRMATION REGISTRATION FORM

Confirmand's Full Name: \_\_\_\_\_  
First Middle Last Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(month/day/year)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Parents: \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

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**Please attach a copy of your Baptismal Certificate, which contains your First Communion information. If available, also attach a copy of your First Communion Certificate.**

### Baptism

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

### First Holy Communion

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of First Communion: \_\_\_\_\_

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### Marital Status: *Please Circle*

**Single**

Never Married

Divorced

**Married**

Date of Marriage: \_\_\_\_\_

Are you married in the Catholic Church?

Is this your first marriage?

Is this your spouse's first marriage?

If previously married, has your or your

spouse's previous marriage been annulled by the Church?

Yes No

Yes No

Yes No

Yes No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_