



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)

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: _____

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: _____