

San Marco Catholic Church
851 San Marco Road
San Marco, FL 34145
239-394-5181
arielle.harms@sanmarcochurch.org

For office use:
Sponsor(s): _____
Confirmation name: _____
date conferred/minister: _____
Age: _____
Notes: _____

ADULT CONFIRMATION REGISTRATION

First name: _____ Middle: _____ DOB: _____ Age: _____

Maiden: _____ Last: _____ Marital Status: _____

If married or previously married:

Marriage date/place/officiant: _____

This is my first marriage/I have been married before.

This is my spouse's first marriage/my spouse has been married before.

Street address: _____ City/State/Zip: _____

Mailing address (if different): _____

Phone: Home: _____ cell/work: _____

Email: _____

Parish of Baptism: _____ Date: _____

Address of Parish: _____ City/State/Zip: _____

Parish of First Communion: _____ Date: _____

Address of Parish: _____ City/State/Zip: _____

Parent's information:

Father's full name: _____ Religion: _____
First/middle/last

Mother's full name: _____ Religion: _____
First/middle/maiden

Please detail your prior religious education/faith formation experience:

Signature: _____ Date: _____

Please return this form to the parish office along with an official copy of your baptismal certificate and record of first communion.