



ST. KILIAN CATHOLIC CHURCH

ADULT CONFIRMATION REGISTRATION

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____

Cell Phone: _____

Email: _____

Date of Birth: _____

Place of Birth: _____

Date and Church of Baptism:

(please provide a copy of your baptismal certificate)

Date and Church of First Holy Communion:

(please provide a copy of your First Holy Communion Certificate)

Your Father's Full Name: _____

Your Mother's Maiden Name: _____

Confirmation Sponsor Name: _____

Sponsor's Address: _____

Sponsor's Phone: _____ Sponsor's Email: _____

Your Chosen Confirmation Name: _____

(You may leave Sponsor Info and Confirmation Name blank if you are unable to answer at this time.)

Today's Date: _____

For Office Use :

Baptismal Cert _____

FHC Cert _____