



Diocese of Worcester

ADULT CONFIRMATION REGISTRATION

Candidate: _____

First Name

Middle Name

Last Name

Maiden Name: _____ **Age** _____

Street: _____

City/State/Zip: _____

Telephone Number: _____

Date of Baptism: _____

Place of Baptism: _____

Church

City

State

**ATTACH A COPY OR PHOTOCOPY OF
BAPTISMAL CERTIFICATE (long form, please)**

Sponsor: _____

First Name

Middle Initial

Last Name

I hereby certify that this adult candidate is eligible for and prepared to celebrate the sacrament of Confirmation on February 5, 2012.

Pastor

Parish

Parish City

Date