



Registration Form – Adult Confirmation

Diocese of St. Augustine

Check One Only:	
_____ Cathedral	_____ Western Parish (TBA)

Revised 5/19/2014 Supersedes all others.
--

PRINT in BLACK INK or Submit Electronically.

Attach Copy of Baptismal Certificate

Current Parish (responsible for preparing candidate for sacrament)

Name of Parish Staff Member Completing Form

E-Mail of Parish Staff Member Completing Form

Return Instructions: 6 Weeks Before

E-Mail: cformation@dosafll.com

Fax: 904/262-0698

Mail: Office of Christian Formation
11625 Old St. Augustine Road
Jacksonville, FL 32258

Candidate's Full Name (include maiden name)

Confirmation Name (if different; one name only)

_____/_____/_____
Date of Birth (MM/DD/YYYY)

_____/_____/_____
Date of Baptism (MM/DD/YYYY) (attach copy of certificate)

Date/Year of First Reconciliation

Date/Year of First Eucharist

Candidate, if married, is in a valid marriage as defined by the Catholic Church: **Y or N** (verified by parish)

Candidate's Complete, Current Address

Candidate's E-Mail (if none, write "none")

City, State, Zip

Candidate's Daytime Phone (_____)_____-_____

Church of Baptism

Baptism Church Complete Address

City, State, Zip (plus Country, if not USA)

Father's Full Name

Mother's Full Name (include maiden name)

Confirmation Sponsor

Confirmation Sponsor E-mail (if none, write "none")

Suitability of Sponsor: **Y or N** (verified by parish based on approved checklist and on file at parish)

The e-mail you provide will be used to provide candidates and sponsors with "day of" instructions. We also provide notification to baptism parish that the sacrament has been conferred. Be certain of information.