ARCHDIOCESE OF HARTFORD
OFFICE OF RELIGIOUS EDUCATION
467 BLOOMFIELD AVENUE
BLOOMFIELD, CONNECTICUT 06002

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ADULT CONFIRMATION – FALL 2009

Parish: _____ Town: _____

Name: _____ _____ _____
Last *First* *Middle Initial*

_____
Maiden

If you are married, were you married in the Catholic Church?
Yes___ No___

Confirmation Name: _____ *(your Baptismal name or a Christian name)*

Age: _____ Date of Birth: _____

Church of Baptism: _____ Date: _____

Street: _____ Town: _____

State: _____ ZIP: _____ Country: _____

Home Address: _____ _____
Street *Town*

State: _____ ZIP: _____ E-mail: _____

Phone Number: _____

Father's First Name: _____ Last Name: _____

Mother's First Name: _____ Maiden Name: _____

Sponsor's First Name: _____ Last Name: _____

Sponsor's Relation to Candidate: _____

___ Attending Classes at St. Thomas Seminary, Bloomfield CT on Tuesdays, from 7:00 – 9:00 PM

___ Attending Classes at St. Joan of Arc, Hamden CT on Thursdays, from 7:00 – 9:00 PM

___ Attending Ceremony Only (Return form no later than **October 1, 2009)**

PASTOR'S SIGNATURE: _____ DATE: _____
I testify to the completeness and accuracy of the above information

It is the responsibility of the Parish to collect all certificates. The Sacrament will be recorded at the Church where the Confirmation takes place or, if at St. Thomas Seminary, it will be recorded at St. Timothy, West Hartford.

Please Do Not Substitute this Information Sheet with Another

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