

Saint Ambrose ADULT Confirmation Registration Form

Candidate's Full Baptismal Name: _____

Name you prefer to go by: _____

IN ORDER TO BE REGISTERED FOR THE CONFIRMATION PROGRAM,
YOU MUST ATTACH A COPY OF YOUR BAPTISMAL CERTIFICATE
(Not necessary if baptized at St. Ambrose)

Date of Birth: _____ Place of Birth: _____
(Month) (Day) (Year) (City, State and Zip)

Church of Baptism: _____
(Name) (City, State and Zip)

Baptismal Date _____ (If Baptized)
(Month, Day and Year)

First Communion Church and Date: _____

Home Address: _____

Phone: _____ E-Mail: _____

Father's name: _____ Religion: _____

Mother's name: _____ Religion: _____

Mother's Maiden name: _____

AVAILABILITY – Please check which will work for you

_____ Saturday morning / afternoon

_____ Weekday morning / afternoon / evening

REASON FOR INQUIRING

What/ who draws you to the Catholic Church? _____

What draws you to Saint Ambrose Parish? _____

Have you had some familiarity with our Parish, or any other Catholic Parish? Please explain:

What specific questions or concerns do you have about the Church? _____

RELIGIOUS BACKGROUND

Were you raised in a particular faith practice? _____

How would you describe your relationship to God? _____

What is your general view of religion and its place in life? _____

MARITAL AND FAMILY STATUS

Are you married, single, separated or divorced? _____

If married, was your marriage celebrated in a church (can you provide documentation)? _____

Name of spouse _____

Names and birthday of children: _____

Have you or your present spouse been married before? _____

For each former marriage, provide information on the following:

Name of former spouse: _____

Was this a civil or religious ceremony? _____

If initially civil, was it ever "blessed" by the Catholic Church? _____

Is your former spouse still living? _____

Was there a civil divorce (where was it obtained)? _____

If your previous marriage was with a Catholic, was this union annulled? _____

Your occupation: _____

Confirmation name you are choosing: _____

Sponsors name and address: _____

(They must obtain a sponsor certificate from the parish that they belong to)

For questions please contact Linda Kaminski 216-501-2176 LtKaminski@gmail.com

Or Janet Majka 330-460-7321 JMajka@stambrose.us