



Registration Form – Adult Confirmation

Diocese of St. Augustine

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

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
All responses must be typed.

E-Mail: cformation@dosaf.com

Fax: 904/262-0698

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

Candidate Information

First _____ Middle _____ Last _____

Maiden _____ Date of Birth ____/____/____ Confirmation Name _____
MM/DD/YYYY

Street _____

City _____ State _____ Zip _____

Phone _(____) _____ E-mail _____

Sacramental Information

Baptism ____/____/____ First Reconciliation ____/____/____ First Eucharist ____/____/____
MM/DD/YYYY MM/YYYY MM/YYYY

Church of Baptism _____

Street _____

City _____ State _____ Zip _____ Country _____

Candidate, if married, is in a valid marriage as defined by the Catholic Church: ___ Yes ___ No (verified by parish)

Parents/ Sponsor Information

Father's Full Name

Mother's Full Name (including maiden name)

Confirmation Sponsor

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

Suitability of Sponsor: ___ Yes ___ No (verified by parish based on approved checklist and on file at parish)

To Complete Registration

Submit the following to the Office of Christian formation no fewer than 6 weeks prior to date of Confirmation:

_____ Completed Registration Form _____ Copy of Baptism Certificate

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.