



St. Lawrence Catholic Church
 5225 N. Himes Avenue • Tampa, Florida 33614
 (813) 875-4040 • Fax (813) 876-0491

2019 Adult Confirmation Registration

Please PRINT the following information:		Today's Date
NAME (LAST, FIRST, MIDDLE)		Desired Confirmation Name
Street Address		Home Phone
City/State/Zip Code		Alternate Phone
Email		
Place of Birth (City/State/Country)		Date of Birth (m/d/yyyy)
Father's Full Name		Religion
Mother's Full Name	Maiden	Religion

BAPTISM INFORMATION PLEASE INCLUDE AN UPDATED COPY OF YOUR BAPTISM CERTIFICATE (COPY BOTH SIDES)		
NAME OF CHURCH OF BAPTISM	Denomination	Full Baptism Date (m/d/yyyy)
Street Address of Church		
City/State/Zip Code (Country, if not U.S.A.)		

FIRST HOLY COMMUNION INFORMATION	
NAME OF CHURCH OF FIRST HOLY COMMUNION	Full Communion Date (m/d/yyyy)
Street Address of Church	
City/State/Zip Code (Country, if not U.S.A.)	

<input type="checkbox"/> MARRIAGE PLEASE CIRCLE YOUR ANSWERS							
Have you ever been married?	YES	NO	If YES, how many times:			Date:	(m/d/yyyy)
Present marital status:	SINGLE	ENGAGED	MARRIED	SEPARATED	DIVORCED	REMARIED	WIDOWED

(PLEASE COMPLETE OTHER SIDE OF THIS FORM)

FOR OFFICE USE ONLY (Verification by date and name of the following)		
Date of Baptism/Vol. No.	Date of Communion/Vol. No.	Dates of Confirmation classes
Date of Confirmation/Vol. No.	Sponsor	Officiant performing ceremony(ies)

PRESENT MARRIAGE INFORMATION:										
Name and address of church of wedding:	Include City/State/Zip Code/Country						Denomination:			
Witnessed by (please circle):	CATHOLIC PRIEST		MINISTER		OTHER		Date of marriage ceremony:	<i>(m/d/yyyy)</i>		
Civil Wedding?	YES	NO	If YES:		City/State/Zip Code /Country		Date of civil ceremony:	<i>(m/d/yyyy)</i>		
Your spouse's name?	First Name			Maiden/Last Name			Spouse's Denomination:			
Has your spouse been married before?	YES	NO	If YES, how many times:				Date:	<i>(m/d/yyyy)</i>		
Is your spouse's former spouse still living?	YES	NO	If YES, has your spouse received a declaration of nullity from the Catholic Church?				YES	NO		

PREVIOUS MARRIAGE INFORMATION:										
Name of former spouse?	First Name			Maiden/Last Name			Living?	Deceased?		
Religion of former spouse:				Did marriage take place in a Catholic Church?			YES	NO		
Was your former spouse married before they married you?	YES	NO	If YES, did you receive a declaration of nullity from the Catholic Church?				YES	NO		
Did the marriage take place in a Catholic Church?	YES	NO	Date of marriage:		<i>(m/d/yyyy)</i>		Date of divorce:	<i>(m/d/yyyy)</i>		

ADDITIONAL QUESTIONS REGARDING MARRIAGE:									
Are you engaged to be married?	YES	NO	If YES, to whom?	First Name			Maiden/Last Name		
Has he/she been married before?	YES	NO	If YES, how many times:						

ADDITIONAL INFORMATION YOU FEEL WE SHOULD KNOW:									

PLEASE NOTE THAT ALL INFORMATION ON THIS FORM IS HELD IN THE STRICTEST OF CONFIDENCE