



# ADULT CONFIRMATION INQUIRY INFORMATION

For adults who are interested in receiving the sacrament Confirmation. Prerequisites for these sessions are Baptism and receiving First Holy Communion.

Today's date: \_\_\_\_\_

## CANDIDATE INFORMATION:

Name: \_\_\_\_\_  
First Middle Maiden if female Last

Date of Birth: \_\_\_\_\_ Place of Birth (City, State): \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
First Middle Last

Mother's Name: \_\_\_\_\_  
First Middle Maiden Last Name

Religious Affiliations: \_\_\_\_\_  
Of Father Of Mother

## CONTACT INFORMATION:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

## RELIGIOUS HISTORY:

Have you ever been Baptized? \_\_\_\_\_ Yes \_\_\_\_\_ No

Into what faith/denomination were you Baptized? \_\_\_\_\_

What was your date of Baptism? \_\_\_\_\_ How old were you? \_\_\_\_\_

Name of Church where you were Baptized: \_\_\_\_\_

Address (city and state) of church where you were Baptized: \_\_\_\_\_

If you were Baptized Catholic, please check the sacraments you have received:

\_\_\_\_\_ First Penance (Confession) \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation

## FAMILY INFORMATION:

List the names of your children or other dependents.

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
If he or she was Baptized Catholic, please check the Sacraments that he or she has received.  
\_\_\_ First Penance (Confession) \_\_\_ First Eucharist (Communion) \_\_\_ Confirmation

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
If he or she was Baptized Catholic, please check the Sacraments that he or she has received.  
\_\_\_ First Penance (Confession) \_\_\_ First Eucharist (Communion) \_\_\_ Confirmation

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
If he or she was Baptized Catholic, please check the Sacraments that he or she has received.  
\_\_\_ First Penance (Confession) \_\_\_ First Eucharist (Communion) \_\_\_ Confirmation

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
If he or she was Baptized Catholic, please check the Sacraments that he or she has received.  
\_\_\_ First Penance (Confession) \_\_\_ First Eucharist (Communion) \_\_\_ Confirmation

## CURRENT MARITAL STATUS:

\_\_\_ I have never been married.

\_\_\_ I am engaged to be married.

Your fiancé's name is: \_\_\_\_\_ Religious affiliation of your fiancé: \_\_\_\_\_

**For you:** \_\_\_ This will be my first marriage.      **For your fiancé:** \_\_\_ This will be his/her first marriage.

\_\_\_ I am currently married.

My spouse's name is: \_\_\_\_\_. Rel. affiliation: \_\_\_\_\_

Date/Place of marriage: \_\_\_\_\_ Before whom? \_\_\_\_\_

**For you:** \_\_\_ This is my first marriage.      **For your spouse:** \_\_\_ This is his/her first marriage.

\_\_\_ I am married but am currently separated.

\_\_\_ I am a widow/widower and have not remarried.      \_\_\_ I am divorced, and I have not remarried.

\_\_\_\_\_ I have been married before.

With whom? \_\_\_\_\_ . Rel. affiliation: \_\_\_\_\_

Date/Place of marriage: \_\_\_\_\_ Before whom? \_\_\_\_\_

Has this marriage been declared null by the Church? \_\_\_No. \_\_\_Yes. If so, when? \_\_\_\_\_

**For your spouse:** \_\_\_\_\_ This is his/her first marriage. \_\_\_\_\_ He/she has been married before.

If so, with whom? \_\_\_\_\_. Religious affiliation: \_\_\_\_\_

Date/Place of marriage: \_\_\_\_\_ Before whom? \_\_\_\_\_

Has this marriage been declared null by the Church? \_\_\_No. \_\_\_Yes. If so, when? \_\_\_\_\_

**GENERAL QUESTIONS:**

What or who has led you to want to know more about the Catholic faith?

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Please describe the religious education you have received both as a child and as an adult.

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To date, what contact have you had with the Catholic Church?

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What are some of the questions or concerns you have about the Catholic faith?

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What saint would you like to take on as your Confirmation Saint Name?

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***Return completed form to Neil Kennedy by returning this form the Parish Office  
or via email to nkennedy@ctk-tampa.org***