



Parish ID#: _____
Entered: _____
Initials: _____

General and Family Information

First and middle Name: (as shown in baptismal certificate)		Last Name:	
Home Address:		City:	Zip:
Cell Phone:	Email:		
Preferred Mode of Communication: <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> E-mail:			
Place of Birth:	Date of Birth:	Age:	
Place of Work:	School or College Attending:		
Father's First/Last Name:		Father's Religion:	
Mother's First/Last Name:	Mother's Maiden Name:	Mother's Religion:	
Emergency Contact Person:		Phone number	
Reason(s) for wanting to be Confirmed: _____ _____ _____			

Sacrament Information

Catholic Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Baptism:	Church of Baptism:	City/State of Baptism:
Office use only	Book#	Page#	Entry #
First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of First Communion:	Church of First Communion:	City/State of First Communion:
Office use only	Book#	Page#	Entry#

**If you have received these Sacraments at Saint Vincent de Paul you must provide the date of the Sacrament for verification.
 A copy of Sacrament Certificates is required if received at any parish other than St. Vincent de Paul, Huntington Beach.**

Family Information

Are you Registered in the Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Parish Envelope/ID Number: # _____	Verification on PDS _____ INITIALS _____
Church registered at if not at St. Vincent de Paul:	Are you receiving Holy Communion on Sundays: <input type="checkbox"/> Yes <input type="checkbox"/> No if no reason why:	

Non-Parishioners will be charged an additional fee. Please refer to polices below.

FOR OFFICE USE ONLY	Sponsor name:	Saint name:
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Registration and Financial Policies

- Parish members provide a minimum annual recordable contribution totally at least \$500 to be collected in Sunday Offerings.
- No Candidate will be excluded from participation in Adult Faith Formation / sacramental preparation due to financial reasons. If Candidate is requesting to make payments they should notify the coordinator of the program immediately.

Fee and Tuition Total

Registered at St. Vincent de Paul Parishioner Fee: \$50.00	\$		
Non-Parishioners Fee: \$100	\$		
TOTAL AMOUNT DUE:	\$		
Date Received:	Payment Type:	Amount:	Balance:
Date Received:	Payment Type:	Amount:	Balance:

Notes: _____

Marital Status

Never Married (you may stop here but read and sign the **Adult Formation Pledge** at the bottom of page below)

<input type="checkbox"/> Married in the Catholic Church (go to #6)	<input type="checkbox"/> Married Civilly if you intend to get married in the Catholic Church (go to #8)	<input type="checkbox"/> Divorced (go to #7)	<input type="checkbox"/> Engaged if you intend to be married in the Catholic Church (go to #8)	<input type="checkbox"/> Living together with a partner (Cohabiting) or married Civilly only. You will not be able to receive the Sacrament of Confirmation until you receive the Sacrament of Marriage or get marriage blessed. if you intend to get married in the Catholic Church (go to #8)
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#6 If married in the Catholic Church we will need a copy of your marriage certificate Church: _____ Date: _____

Name of Spouse: _____ Spouse Baptized: Yes No

#7 If divorced name of former spouse: _____ was former spouse baptized at time of marriage Yes No

Place of wedding (City, State) _____ officiate: Priest Minister Civil Official

Date of final Divorce, civil annulment or ecclesiastical annulment: _____

Name of former spouse: _____ was former spouse baptized at time of marriage Yes No

Place of wedding (City, State) _____ officiate: Priest Minister Civil Official

Date of final Divorce, civil annulment or ecclesiastical annulment: _____

Name of former spouse: _____ was former spouse baptized at time of marriage Yes No

Place of wedding (City, State) _____ officiate: Priest Minister Civil Official

Date of final Divorce, civil annulment or ecclesiastical annulment: _____

Priest who is handling this marriage case: _____

#8 if engaged or you intend to get married in the Catholic Church, Name of intended/fiancée: _____ is intended baptized: Yes No His/Her religion: _____

Previous marital status of your intended/fiancée: _____ never married widow/er divorced

If intended is divorced, give following information for each former marriage

Name of former spouse: _____

Was former spouse already baptized at time of marriage? Yes No Place of wedding (city, state) _____

Officiate: Priest Minister Civil Official Date of final divorce, civil or ecclesiastical annulment: _____

Priest who is handling this marriage case: _____

Adult Faith Formation Pledge

In accordance with the Bishop of the Diocese of Orange, I have chosen to enroll and participate in Adult Faith Formation at St. Vincent de Paul Church. I understand that the parish provides a place for me to grow and be nourished in my personal relationship with Jesus through prayer, study of scripture, generosity, and liturgy.

I promise to participate in Adult faith formation at church and home by:

- *Practicing my faith and being an example to my family*
- *Attending and participating in Sunday Mass every week*
- *Daily prayer such as; morning offering, night prayer, grace before and after meals*
- *Reading the book chapters assigned and studying Scripture*
- *Contribute weekly to the financial needs of the parish through recordable donations (Envelopes, Check or Online Giving)*
- *Paying all fees associated with the Adult Faith Formation prior to Confirmation date, unless making payments arranged with the coordinator.*

Signature: _____	Date: _____
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