St. Augustine's Church
10 Campfield Ave, Hartford, CT 06114
Parish Office: (860) 522-7128
Faith Formation Director: Jennifer Torres
Email: ccd@staugustinehtfd.org

For Office Use Only:
__ Copy if Birth Certificate
__ Copy of Baptism Certificate
__ Copy of First Holy Communion
__ Sponsor Form

Adult Confirmation Registration Form

Today's Date:_____

Full name (as it appears on birth certificate): _____

Address: _____

City _____ **State**_____ **Zipcode**_____

Phone number: _____ **Email:** _____

Age: _____ **Date of Birth:**_____ **Place of Birth:**_____

Sacramental Information:

Mother's Maiden Name:_____

Father's Name:_____

Sacraments Received	Yes or No	Date	Church of Baptism or Denomination
Baptism			
First Holy Communion			
Confirmation			
Marriage			

Are you a registered parishioner of Saint Augustine?

Currently:

___ I want to become Catholic ___ I think I might want to become Catholic

___ I am a Baptized Catholic and would like to receive other sacraments

___ I am a non-practicing Catholic ___ I am a practicing Catholic who needs the Sacrament of Confirmation.

___ Otro: _____

*Do you have a Sponsor? ___Yes ____No, but I will find one ___No, I will need help finding one.

A sponsor is a practicing Catholic who will serve as your spiritual companion and role model as you prepare for Baptism and/or Confirmation

Emergency Contact Name:_____