

Confirmation Registration From

St. Thomas The Apostle

3774 Jackson Street, Riverside, Ca, 92503

951-689-1131 Ext.233



Candidate Information

Full Name: _____ Date: _____
Last First M.I.

Maiden Name: _____ Date of Birth: _____

Address: _____
Street Address Apartment/Unit #

Phone: _____ Email: _____
City State ZIP Code

***Relationship Status:** _____
single, engaged, married in the catholic church, married Civilly, living in a "free union" relationship, divorced, widowed.

Sacramental Information

Baptism

Date of Baptism: _____ Church of Baptism: _____

Address: _____
Street Address City State ZIP Code

Phone: _____

Father's Full name: _____

Mother's Maiden Name: _____

First Holy Communion: I have I Have not received my first Holy Communion

Date Received: _____ Church where received: _____

Address: _____
Street Address City State ZIP Code

Phone: _____

Confirmation Sponsor Information

First Name: _____ Last Name: _____

*You will need to provide your Sponsor's confirmation certificate and if married their Catholic Marriage Certificate (not their marriage license) within two months after registering.

Emergency Contact Information

First Name: _____ Last Name: _____ Relationship: _____

Phone: _____ Address: _____

Flocknote

Flocknote App / email authorization I give permission for the Coordinator at St. Thomas the Apostle to send me an Invitation to download the "Flocknote app" and or receive email communications for, first Holy Communion *and or* adult confirmation classes. The app and or email is used to communicate changes, reminders, Important updates, etc. If you decide to NOT download the app you will be responsible for maintaining communication with the coordinator via email and staying up to date.

Signature: _____ Date: _____

