



Diocese of Portland, Maine

CONFIRMATION FOR BAPTIZED CATHOLIC TEENS/ADULTS

Parish Name:		
Parish City/Town:		
Adult Confirmation Parish Coordinator:	Email:	Phone:
CANDIDATE'S PERSONAL INFORMATION		
Name:		
(First)	(Middle)	(Last)
Address:		
(Street)	(City)	(State/Zip Code)
Date of Birth:	Candidate's Maiden Name (if applicable):	
Current age:	Mother's Name:	
	Father's Name:	
CANDIDATE'S SACRAMENTAL RECORD		
Candidate's Full Name (as it appears on Baptismal Certificate):		
Church of Baptism:	Date of Baptism:	
Street:		
City/State/Zip Code or Country:		
If married, name & place of church of marriage:		
Were you married in the Catholic Church?	Yes _____	No _____
Will Candidate make his/her First Eucharist?	Yes _____	No _____
Confirmation Name (if other than Baptismal name):		
Sponsor's Name and Parish:		
Date completed: _____		
PLEASE ATTACH A COPY OF BAPTISMAL CERTIFICATE		
Return form and certificate to: Judy Michaud at 46 St. Agatha Ave., Frenchville, ME 04745 or E-mail judy.michaud@portlanddiocese.org.		

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