

# Confirmation Preparation for Adults 2012



*"Be sealed with the Gift of the Holy Spirit"*

Dear Confirmation Inquirer,

You have expressed interest in receiving your Confirmation here at St Stephen. We welcome you. May the Lord guide you and give you peace and wisdom during this process. Attached you will find a Registration Form. Please complete and return in order to confirm your registration. As you prepare to attend the Confirmation sessions please be aware that you will also need to provide a copy of the following:

- ❖ Registration Form
- ❖ Saint Name Form
- ❖ Copy of current Baptismal Certificate
- ❖ Sponsor Verification Form

In addition, before you begin your Confirmation sessions, I would like the opportunity to get to know you, go over the registration form and understand your needs as you pursue this path. This can be done on Monday through Thursday, please call Rosie Bridges at the Religious Education Office at 671-4434 or email me at [rbridges@ststephencatholic.org](mailto:rbridges@ststephencatholic.org) to schedule an appointment.

Finally, I pray that the Holy Spirit may guide you and prepare your heart and mind as you continue to seek the way, the truth, and the life which is found in Jesus Christ and His church.

***The Community of St. Stephen welcomes you!***

Formation for 2012 Adult Confirmation will be offered Sunday mornings  
9:30 a.m. – 11:30 a.m. at the ROC Center

November 6 & 13

December 4 & 11

January 15 & 29

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Retreat – Saturday, February 4 – beginning 8:00 a.m. – 12:00 p.m. Room 7 upstairs at the church

Rehearsals – **Tuesday evening, February 7 at 8:00 p.m. for the 1:00 p.m. group (Adults & Youth)**

**Confirmation Mass (Adults & Youth) – Saturday, February 18 at 1:00 p.m. in the Church**

*We encourage you to participate in other Adult Education classes, Bible Study group, Book Club, Small Christian Community, etc., that are offered at our Parish.*

Adult Confirmation Program  
St. Stephen Catholic Church  
2012

Office of Religious Education  
10428 St. Stephen Circle  
Riverview, Florida 33569

*For Office Use Only*

Reg. Fee \$20.00

Paid \_\_\_\_\_

Ck# \_\_\_\_\_

Cash \_\_\_\_\_

Parish Env. # \_\_\_\_\_

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

*(As it will appear on Confirmation Certificate)*

Address: \_\_\_\_\_  
Street City Zip

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

First Last  
Date Place of Baptism (Church name and complete address)  
Yes / No Baptism \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
*current baptism certificate*  
*is required.*

\*If military baptism, what is the military number? \_\_\_\_\_

Yes / No 1<sup>st</sup> Eucharist \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
Church Name City State

Yes / No I have special needs. If yes, describe here \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_  
*(A Sponsor must be at least 16 years of age and a practicing Catholic who has already been confirmed. A Sponsor Verification Form is required).*

Confirmation Saint Name: \_\_\_\_\_

Are you registered at St. Stephen? \_\_\_\_\_ If so, Env. # \_\_\_\_\_  
*Parish registration each Sunday following the 9:30 a.m. Mass, Room 2 at the Church Bldg.*

Are you registered at another Parish? If so, where? \_\_\_\_\_  
*Letter of Permission is required*

**In case of an Emergency**, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Candidate Consent

I understand that in this program, administered by the parish Religious Education Office, Christianity is presented according to the teachings of the Roman Catholic Church.

I agree to attend the formation sessions regularly and to meet all other guidelines in order to prepare for this sacrament.

I give permission to be photographed or videotaped for use in Church and Religious Education publications and/or use by the general news media for print or broadcast purposes, and/or for use on St. Stephen's Web and Bulletin pages.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please answer the questions on the back, if applicable)*

# Adult Confirmation Program

Candidate Name: \_\_\_\_\_

## CURRENT MARITAL STATUS

Check the appropriate statement(s) below and provide any information requested beneath each statement.

\_\_\_ 1. I have never been married.

\_\_\_ 2. I am engaged to be married.

a. Your Fiancé(e)'s Name: \_\_\_\_\_

b. Your Fiancé(e)'s Current Religious Affiliation \_\_\_\_\_

c. For your fiancé(e): Has your fiancé been married before? \_\_\_\_\_

\_\_\_ 3. I am married.

(a) Your Spouse's Name: \_\_\_\_\_

(b) Your Spouse's Current Religious Affiliation (if any): \_\_\_\_\_

(c) For you: \_\_\_ This is my first marriage. \_\_\_ I have been married before.

(d) For your Spouse: \_\_\_ This is my spouse's first marriage. \_\_\_ My spouse has been married before.

(e) Date of Marriage: \_\_\_\_\_

(f) Place of Marriage: \_\_\_\_\_

(include **locality** (town, city, county, **region** etc.), (state, province, territory, etc **country**)

(g) Officiating Authority of Marriage: \_\_\_\_\_

(civil government, non-Christian minister, Christian minister, Catholic cleric)

4. \_\_\_ I am married, but separated from my spouse.

5. \_\_\_ I am divorced and I have not remarried.

6. \_\_\_ I am a widow/widower and have not remarried since my spouse's death.

## FAMILY INFORMATION

List the name(s) of any children or other dependents (e.g., Daughter—Jane; Stepson—John).

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

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