ARCHDIOCESE OF HARTFORD
OFFICE OF RELIGIOUS EDUCATION
467 BLOOMFIELD AVENUE
BLOOMFIELD, CONNECTICUT 06002

English: Mary Marsan
Phone: (860) 243-9465 x14
Fax: (860) 243-9690
Email: mmarsan@adh-ore.org

Spanish: Carlos Aedo
Teléfono: (860) 243-9465 x15
Fax: (860) 243-9690
Email: caedo@adh-ore.org

ADULT CONFIRMATION – FALL 2008

Parish: _____ Town: _____

Name: _____ _____ _____
Last *First* *Middle Initial*

_____
Maiden

Are you married? Yes___ No___ Date and Place of Marriage _____

Confirmation Name: _____ *(your Baptismal name or a Christian name)*

Age: _____

Church of Baptism: _____ Date: _____

Street: _____ Town: _____

State: _____ ZIP: _____ Country: _____

Home Address: _____ _____
Street *Town*

State: _____ ZIP: _____ E-mail: _____

Phone Number: _____

Father's First Name: _____ Last Name: _____

Mother's First Name: _____ Maiden Name: _____

Sponsor's First Name: _____ Last Name: _____

Sponsor's Relation to Candidate: _____

___ Attending Classes at St. Thomas Seminary, Bloomfield CT on Tuesdays, from 7:00 – 9:00 PM
___ Attending Classes at St. Joan of Arc, Hamden CT on Thursdays, from 7:00 – 9:00 PM
___ Attending Ceremony Only (Return form no later than **October 1st)**

PASTOR'S SIGNATURE: _____ DATE: _____
I testify to the completeness and accuracy of the above information

It is the responsibility of the Parish to collect all certificates. The Sacrament will be recorded at the Church where the Confirmation takes place or, if at St. Thomas Seminary, it will be recorded at St. Timothy, West Hartford.

PLEASE DO NOT SUBSTITUTE THIS INFORMATION SHEET WITH ANOTHER

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