

Please fill out in ink!



The Catholic Church of the
TRANSFIGURATION
Welcome ▪ Celebrate ▪ Grow ▪ Serve

1815 Blackwell Road, Marietta, GA 30066

ADULT CONFIRMATION RECORD

Confirmation Date: **May 19, 2024**

Presider: **Father Eric Hill**

NAME: _____ Age: _____
 First Middle Last

ADDRESS: _____
 Street City State Zip

CELL PHONE: _____ E-mail: _____

FATHER'S NAME: _____
 First Middle Last

MOTHER'S NAME: _____
 First Middle **MAIDEN**

SACRAMENTS RECEIVED:

Baptism: * Yes _____ No _____
Penance: (confession) Yes _____ No _____
First Communion: Yes _____ No _____

*** Please provide current Baptismal Certificate, if not baptized at Transfiguration**

MARITAL STATUS:

Single _____ Separated/Divorced _____ Widowed _____

Married _____ **If Married** – Maiden Name: _____

Is this your 1st marriage? Yes _____ No _____

Were you married in the Catholic Church? Yes _____ No _____

Are you registered here at Transfiguration Parish? Yes _____ No _____

Will anyone in or with your family need signing for the deaf at the Confirmation Mass? ___ Yes ___ No

SPONSOR'S NAME: _____

Is Sponsor a Member of Transfiguration? Yes _____ No _____

If Sponsor is not a member of Transfiguration, please have your sponsor provide a Certificate from his/her home parish stating eligibility to be a Confirmation Sponsor.

SPONSOR'S PARISH: _____