



ST MICHAEL'S CATHOLIC CHURCH

Under the Care of the Michaelite Fathers

10 Croydon Road Hurstville NSW 2220

Phone: 02 7252 3966

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Sacrament of Confirmation Registration Form (Adult)

Date _____

Given Name/s _____ Surname _____

Chosen Saint's Name for Confirmation _____

Address _____

Contact Number _____ Email _____

Date of Birth _____ Place of Birth _____ Sex **M** or **F**

Father: Given Name/s _____ Surname _____

Religion _____

Mother: Given Name/s _____ Surname _____ Maiden Name _____

Religion _____

Baptism Date and Place (Parish name and address)

First Reconciliation Date and Place (Parish name and address)

First Holy Communion Date and Place (Parish name and address)

Sponsor's Name (must be Catholic, must be >16 yo, not the parents)

Signature _____ Preparation class/es attended: **Yes** or **N**

Documents needed:

- 1) A copy of the candidate's birth certificate and photo ID (license or passport)
- 2) A copy of the candidate's Baptism certificate
- 3) A copy of the sponsor's Baptism certificate

Office use only	
Priest/Bishop	Date
Place of Ceremony if not at St Mary's Cathedral	