



St. Bruno Catholic Church Adult Confirmation Registration

Date: _____

Session: Fall Spring

Name: _____

Mailing Address: _____

Phone Number: _____ DOB: _____

Email Address: _____

I attend Mass at (Church): _____

Sacraments: *please indicate the Sacraments that you have received*

Baptism Date: _____ Church: _____

City: _____ State: _____

Roman Catholic If other, denomination: _____

Holy Communion Date: _____ Church: _____

City: _____ State: _____

Married Single Separated/Divorced

if married: Date: _____ Church: _____

City: _____ State: _____

Married in the Catholic Church? No Yes

Course Requirements:

- **Please bring a copy of your Baptismal, Holy Communion & Marriage Certificate(s), this completed form and the class donation to the first session.**
- A donation of \$30 for the course is required.
- The sessions meet on Mondays from 7:00 to 9:00 p.m. in the Parish Center. You must attend all of the sessions.

FOR OFFICE USE ONLY

Certificates Verified: B HC M

Date Paid: _____ Check No. _____

Amount \$ _____ Receipt #: _____

Comments: _____

01/12