



# Holy Trinity Adult Confirmation Registration Form 2019-2020

Complete and return to: Faith Formation/Religious Education Office  
Adult Confirmation Program, Holy Trinity Church  
3513 N Street, NW, Washington, DC 20007  
Email: [jbrusseau@trinity.org](mailto:jbrusseau@trinity.org)  
Fax: 202-337-9048 Tel: 202-903-2807

H O L Y FULL NAME OF CANDIDATE \_\_\_\_\_

T R I N I T Y ADDRESS \_\_\_\_\_

C A T H O L I C \_\_\_\_\_

C H U R C H DATE OF BIRTH \_\_\_\_\_

1787 ANNO DOMINI HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

ARE YOU REGISTERED AT HOLY TRINITY? YES \_\_\_\_\_ NO \_\_\_\_\_

CHURCH OF BAPTISM \_\_\_\_\_

ADDRESS OF CHURCH OF BAPTISM \_\_\_\_\_

*A current copy of your Baptismal Certificate must be submitted.*

DATE OF FIRST EUCHARIST \_\_\_\_\_

DATE OF FIRST RECONCILIATION (YEAR) \_\_\_\_\_

CONFIRMATION NAME \_\_\_\_\_

CONFIRMATION SPONSOR\* \_\_\_\_\_

ADDRESS OF SPONSOR \_\_\_\_\_

SPONSOR EMAIL \_\_\_\_\_

\*Any confirmed Catholic, 16 years or older and actively living their faith. It would be advantageous if your sponsor can participate in the Preparation program with you, though we realize that is not always possible.

FOR OFFICE USE ONLY		Date Processed:		
		MM	DD	YY
Sacramental Registration Bk	<input type="checkbox"/> √ By:	CMS		<input type="checkbox"/> √ By:
Logos	<input type="checkbox"/> √ By:	Birthplace		<input type="checkbox"/>
Baptism Certificate	<input type="checkbox"/> √ By:	Date of Sacrament and Celebrant		