

Church of Sts Peter & Paul

The Roman Catholic Archdiocese of Singapore

225A Queen Street

Singapore 188551

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ADULT CONFIRMATION REGISTRATION FORM

DATE OF CONFIRMATION: _____ TIME: _____

CONFIRMATION NAME: _____

NAME IN FULL: _____

(Please underline surname)

ADDRESS: _____

TEL. NO: (HOME) _____ (OFFICE) _____ (HP) _____

DATE OF BIRTH: _____ OCCUPATION: _____

DATE OF BAPTISM: _____

CHURCH OF BAPTISM: _____

(Please attach photocopy of your Baptism Certificate)

ARE YOU MARRIED? YES/NO _____ NO. OF CHILDREN, IF ANY: _____

IF MARRIED, NAME OF SPOUSE: _____

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE _____

NAME OF GODPARENT: _____

(Please attach photocopies of Baptism Certificate and Confirmation Certificate of Godparent)

GODPARENT'S TEL. NO. (HOME) _____ (OFFICE) _____ (HP) _____

FOR TERTIARY STUDENTS ONLY

a) NAME OF FATHER: _____

b) NAME OF MOTHER: _____

c) NAME OF GODPARENT: _____

(Please attach photocopies of Baptism Certificate and Confirmation Certificate of Godparent)

d) GODPARENT'S TEL. NO. (HOME) _____ (OFFICE) _____ (HP) _____

Signature of Confirmant: _____ Date: _____