

ST. GENEVIEVE CHURCH

**815 Barbier Avenue
Thibodaux, LA 70301**

ADULT CONFIRMATION REGISTRATION FORM

CATECHUMAN'S NAME _____

First Middle (Maiden) Last

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ SEX ____ M ____ F

DATE OF BIRTH _____ MARRIED/SINGLE: _____

SPOUSE'S NAME _____

(If Married) First Middle Last

BOOKS FOR CLASS \$40.00 _____ or I WISH TO BORROW & RETURN MY BOOKS _____
(Check to be made to St. Genevieve Church)

SAINT'S NAME: _____ SPONSOR'S FULLNAME: _____

SPONSOR'S MAILING ADDRESS: _____

BAPTISMAL DATE ____ / ____ / ____ CHURCH OF BAPTISM _____
Month Day Year

****MUST PROVIDE A COPY OF BAPTISMAL CERTIFICATE***

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

FIRST EUCHARIST DATE ____ / ____ / ____
Month Day Year

CHURCH _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

FIRST RECONCILIATION DATE ____ / ____ / ____
Month Day Year

CHURCH _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____