

SACRAMENT OF CONFIRMATION REGISTRATION FORM

Program intended for children in grades 6+ who have been baptized Catholic or have made a Profession of Faith.

REGISTRATION INFORMATION

CHILD'S FULL NAME		
DATE OF BIRTH:	GENDER M/F (PLEASE CIRCLE)	
Mother's Name:	CELL PHONE:	
FATHER'S NAME:	CELL PHONE:	
Address:	POSTAL CODE:	
Номе Рноме:	Email:	
CHILD'S SCHOOL:	GRADE:	
BAPTISM INFORMATION	A copy of your child's baptism certificate must	
☐ CHILD BAPTIZED IN THE CATHOLIC FAITH?	accompar	ny this form
NAME OF CHURCH:	DATE OF BAPTISM:	
CITY AND PROVINCE OF CHURCH:	COUNTRY:	
<u>OR</u>		
■ MADE A PROFESSION OF FAITH (baptized in	another faith but received into the C	Catholic faith)
DATE: Chur	ксн:	
☐ Parent Retreat (parents only) January 16, 2020 6:30 - 8:00 pm SESSION 1 January 30 2020 ☐ 6:45 - 8:00 pm SESSION 2 February 27 2020 ☐ 6:45 - 8:00 pm SESSION 3 March 26 2020 ☐ 6:45 - 8:00 pm SESSION 4 April 30 2020 ☐ 6:45 - 8:00 pm	CONFIRMATION RETREAT & REHEARSAL Candidates Only Saturday May 9, 2020 9:00-10:30 am	CONFIRAMTION CELEBRATION Candidates/Sponsors and Families Wednesday, May 12, 2020 7:00 pm
PARENT SIGNATURE:		DATE:

CONFIRMATION CANDIDATES FORM

In order to give your child the proper amount of time to decide on a Confirmation name, please complete this form and return it to Parish by April 1, 2020 no later.

Candidate's Full name:	
	(please print)
I wish to be confirmed in the Catholic fait	
	(child's signature)
SPONSOR'S FULL NAME:	
	(please print)
PROXY'S FULL NAME:	
	(if applicable)
	e of the sponsor should they be unable to attend the will appear on the Confirmation certificate)
* The candidate's sponsor and/or proxy r received the sacraments of First Comm	must be a practicing baptized Catholic who has union and Confirmation.
CONFIRMATIO	N NAME INFORMATION
Confirmation (Saint's) Name:	
	(option 1)
	<u>OR</u>
Baptism or Birth Name:	
	(option 2)
Parents Signature:	
Date:	