## **CONFIRMATION REGISTRATION FORM**

| Candidate's Information: Please Print Clearly  |  |
|--|--|
|  |  |
| First Name:  | Last Name:                                 |
| Date of Birth:   | Place of Birth:                            |
| Date of Baptism:   | Church of Baptism:                         |
| Date of First Communion:   | Church of First Communion:                 |
|  |  |
| Parents' Information: Please Print Clearly   |  |
| Father's Name:   |  |
| Mother's Name:   |  |
| (including birth surname)  |  |
| Address:   |  |
| Postal Code: Phone Number:   |  |
| Contact Email:   |  |
|  |  |
| School attended by candidate:  |  |
| Confirmation Sponsor:  |  |
| (Please Print Clearly) (   | Must be over 16 years of age and Catholic) |
| SIGNATURE OF CANDIDATE   | SIGNATURE OF PARENT                        |
| IF YOUR CHILD WAS BAPTISED IN A PARISH OTHER THAN ST. MARY'S AND<br>THE MISSIONS, PLEASE PROVIDE A COPY OF HIS/HER BAPTISMAL<br>CERTIFICATE ALONG WITH THIS FORM |  |
| For office use only: Baptismal certificate received? Yes No  |  |