



2017-18 Registration: Sacrament of Confirmation

Return this form to your child's teacher, to the parish office, or bring to the first prep evening.

Name of Child: _____
Last Name First Name Middle Name

Date of Birth: _____ **M** _____ **F** _____
yyyy/mm/dd

Father's Name: _____ **Religion:** _____
Last Name First Name

Mother's Name: _____ **Religion:** _____
Last name at BIRTH First Name

Date of Child's Baptism: _____ **Celebrated 1st Reconciliation** Y__ N__
yyyy/mm/dd **Celebrated 1st Eucharist** Y__ N__

Place of Baptism: _____
Name of Church City & Province (provide **FULL mailing address** if not in Canada)

*****Please attach a copy of the **Child's Baptism Certificate** to this registration, **unless** the child was baptised at Holy Family Parish, St. Albert, AB. *****

School child attends: _____

Home mailing address: _____

Email address: _____

Daytime & Evening Phone #'s: _____

Confirmation Sponsor: _____

The parents testify that this sponsor is a baptised Catholic who has been confirmed and received the Eucharist, is more than 16 years of age, and is a good model of faith. (Preferably the baptism sponsor(s) if possible.) _____Yes

Signature of Parents / Guardian: _____

*Our Mission is to live in the Spirit of the Holy Family
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