



2016-17 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
75 Poirier Ave. St. Albert, AB T8N 6A1*

Email: hfp@holyfamilyparish.ca
Website: www.holyfamilyparish.ca

Office: 780-459-3694
Fax: 780-460-4239