

St. Bernadette Catholic Church

21 BAYLY ST. E., AJAX, ONTARIO L1S 1P2 PHONE: 905-683-1533

Parish Office Email: office@stbernajax.com | Parish Website: www.stbernajax.com

Confirmation Registration Form

Our Family is Registered at St. Bernadette Parish YES NO

Child's Information				
Name: First:	Middle:		Last:	
Date of Birth (DD/MM/YYYY):			Male Female	
Place of Birth: City:	Province:		Country:	
Is your child baptized in the Catholic Church?		YES	□NO	
Date of Baptism (DD/MM/YYY	Y):			
Church of Baptism: Church Name:			_ Address:	
City: P.	rovince:		Country:	
			ch of baptism (City, Province, Country):	
Name of Church:				
City: P.	rovince:		Country:	
Date of First Holy Communion	(YYYY):	Parish:		
Current School:			Current Grade:	
Please advise our Sacramental	Coordinator of a	ny of your ch	uild's health concerns or special	
needs:				
	Parents'	Informatio	on	
Mother's Name: First:	Middle	::	Last:	
Mother's Maiden Name:				
Current Address:				
Telephone Number:				
Email address:				
Child lives with Mother:				

Father's Name: First:	Middle:	Last:
Current Address:		
Telephone Number:		
Email address:	· · · · · · · · · · · · · · · · · · ·	
Father's Religion:		
Child lives with Father:	ES NO	
Sacram	nental Program &	Requirements
The Sacramental Preparation Pro Hall on either Tuesday evening (6	_	as weekly in-class sessions in the Parish fternoon (1-2pm).
Please indicate your session choice	ce:	
	() Tuesday 6-7 () Saturday 1-7	•
(CONFIRMATION S	SPONSOR
requirements of a Sponsor for your • At least 16 years of age • He/she has been fully initiat Confirmation) • In good standing with the Co undertaken; not under cano • Not the father or mother of the	child: Ted in the Catholic Church Tatholic Church: live a life Inical penalty The one to be confirmed The we will ask for a form TICATE WITH THE PARIS	this time, we ask you to review the Church's th (received Baptism, Holy Communion, and e of faith which befits the role to be to be completed & a copy of the Confirmation SH SEAL provided to St. Bernadette Parish.
	Declaratio	n
I, the undersigned, declare that	the information on	this form is true and accurate.
Name (please print):		
Signature:	I	Date:
	FOR OFFICE USE	ONLY:
BAPTISM CERT: FHC CERT:	FEE: SPONSO	OR:
PRESIDER:	DATE OF SACRA	AMENT:
LPA:	PASTO	R:
PARISH RECORD: BOOK:	P	PAGE: RECORD: