

Registration Form - Sacrament of Confirmation 2016-2017
St Philip School and St Philip Catholic Parish, Richmond

Please complete in full using BLOCK CAPITAL LETTERS and return at the Information Meeting (Wednesday September 28th, 7:30 pm at St Philip Church Hall), **with a copy of the Baptismal Certificate attached**. Thanks.

Candidate information:

Last Name: _____ Phone Number: _____
First Name: _____ Middle Names: _____
Street Address: _____ City: _____ Postal Code: _____

Candidate Baptismal Information: *All Information must be provided*

Baptized in the Roman Catholic Church? Circle: YES or NO (Baptismal certificate MUST be attached)

Name of Church of Baptism: _____

Church Street Address: _____ City/Prov: _____ Postal Code: _____

Date of Baptism: _____

Date of Birth: _____ Candidate age on September 1, 2016: _____

Has Candidate received First Reconciliation (Confession)? YES or NO First Communion? YES or NO

Parent Information:

Father: First Name: _____ Last Name: _____ Phone: _____

Father's Email: _____ Cell: _____

Mother: First Name: _____ Maiden Name: _____ Phone: _____

Mother's Email: _____ Cell: _____

Sponsor Information:

First Name: _____ Last Name: _____

Street Address: _____ City/Prov: _____ Postal Code: _____

Sponsor's Email: _____

For Parish Use:

Dear Pastor and Office Administrator at the Church of Baptism:

Please add this information to the Baptismal record of the candidate named above. Thank you.

Parish of Confirmation: St Philip Parish, POBox 59, Richmond, On, K0A2Z0 613-838-2314

City / Town of Confirmation: Richmond, Ontario

Date of Confirmation:

Bishop or Minister of Confirmation: His Grace Archbishop T. Prendergast, SJ, Archbishop of Ottawa
Most Rev. Christian Riesbeck, CC, V.G. Auxiliary Bishop of Ottawa

Authorized Signature: _____