

SACRED HEART PARISH

23 Strathmore Lakes Way, Strathmore, AB T1P 1L7

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2018 Registration for the Sacrament of Confirmation

Name of Child: _____
(First / Baptismal Name) (Surname)

CONFIRMATION ("SAINT") NAME*: _____

Date of Birth: _____ Age: _____ Grade: _____

SPONSOR: _____

Mother: _____
(First Name) (Middle Name) (Surname) (Religion)

Father: _____
(First Name) (Middle Name) (Surname) (Religion)

Child resides with (Please circle one): Mother Father Both

Mother's Address: _____
(Street) City Province

Postal Code: _____ Phone Number: _____

E-mail Address: _____

Father's Address (if different): _____
(Street) City Province

Postal Code: _____ Phone Number: _____

E-mail Address: _____

PLEASE PROVIDE A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE**

Baptism Date: _____ Parish: _____

Parish Address: _____
(Street) (City) (Province) (Country)

Postal Code: _____

1st COMMUNION: Yes No 1st RECONCILIATION: Yes No

** If you do not have information required for this, please leave this blank for now and phone the church office later, once you have the information required. We will be discussing Confirmation Names and Sponsors in the classes.*

*** You are only required to submit a copy of your child's baptismal certificate if it is from another parish. Certificates from children baptized at Sacred Heart Parish are kept on file.*