

**St. Patrick and St. Noel Chabanel
Confirmation Registration Form**

P.O. Box 640 - 215 Pine Street
Stayner, ON L0M 1S0

Office: 705-428-2124 Fax: 705-428-3091

Email: stpatrickstnoel@gmail.com

Websites: www.stpatrickstnoel.com www.stpatricksst.archtoronto.org

Child's Information

Full legal name of child as it appears on birth certificate:

First Name

Middle Name(s)

Last Name

Male Female Date of Birth: _____ City of Birth: _____

Church of Baptism: _____ Date of Baptism: _____

Address of Baptismal Church: _____

Has the child celebrated their First Reconciliation and First Holy Communion? Yes No

Name of Church: _____ Dates: _____

School: _____ Current Grade: _____

Contact Information

Home Address: _____

Home Phone: _____

Cell (1): _____ Cell (2): _____

Email(1): _____ Email (2): _____

Parent's Information

Mother (Full Legal & Maiden Name):

First Name

Middle Name(s)

Last Name

(Maiden Name)

Religion: Roman Catholic Other: _____ None

Marital Status: _____ Place of Marriage(if applicable): _____

Father (Full Legal Name):

First Name

Middle Name(s)

Last Name

Religion: Roman Catholic Other: _____ None

Marital Status: _____ Place of Marriage(if applicable) _____

Sponsor's Information

Sponsor Eligibility: Canon 873: Sponsors must be Fully Initiated, Practicing and Married in the Catholic Church (if applicable).
Canon 874: At least 16 years of age. Not the father or mother of the one to be confirmed. In good standing with the Church.

Sponsor's Full Legal Name:

First Name

Middle Name(s)

Last Name(s)

Phone: _____ Email: _____

OFFICE USE ONLY

Baptism Certificate of Candidate Received. Date: _____

Confirmation Certificate of Sponsor Received. Date: _____

Payment Received. Check Number and Date: _____

Staff Signature: _____

Quiz Score: _____