

SACRAMENT OF Confirmation

Corpus Christi Roman Catholic Church

Grade 6 & older

DATE _____

Please print clearly

Registrations CLOSE Sept. 9, 2024

Child's Last Name: _____

(Note: As stated on Certificate of Baptism)

Child's First Name: _____

Child's Middle Name(s): _____

Date of Birth: _____ Place of Birth _____

__ Male __ Female Age: ____ School _____ Grade in 2024 ____

Child's Family Address, City, Postal Code

Child's Baptism Information:

Date _____ Church _____ City, Country _____

Parish Registration form, back page (Must be completed yearly) ____ YES ____ NO

Baptism Certificate attached ____ YES ____ NO (if not, please email)

First Holy Eucharist Received? Location _____ Not Received ____

First Reconciliation Received? Location _____ Not Received ____

Does your child have any special learning or health problems we need to know about?

No ____ Yes ____ (Please Specify) _____

Parent's E-Mail addresses: _____

Father's FULL legal name:

_____ Religion _____

Last All Given Name(s)

Mother's FULL legal name: _____ **Mother's Maiden Name** _____

_____ Religion _____

Last All Given Name(s)

✓ **Marital Status:** Married ____ Separated ____ Divorced ____ Common-law ____ Single ____ Widowed ____

Telephone: _____

Home

Father's cell or work

Mother's cell or work

For Office Use Only

RECEIVED BY: _____

Roman Catholic Baptism Certificate? (YES / NO)

Intake Date _____

Registration Fee – \$25 Rec'd ____ yes ____ no