St. Charles Parish, Edmonton, AB
CONFIRMATION REGISTRATION 2020

Child's full name: _____ _____ _____**Gender:**_____
Last Name First Name Middle Name

Birth Date:_____ **Age as of Confirmation date (*June 11, 2020*):** _____years

Place of Birth: _____ _____ _____
City / Town Province / State Country

Mother's name: (_____) _____ _____ **Religion:**_____
(Maiden Name) Last Name Given Name (s)

Father's name:_____ _____ **Religion:**_____
Last Name Given Name (s)

Child's Address: _____ _____ _____
Street City / Town Postal Code

Phone - Mother: Home _____ Cell _____

Phone - Father: Home _____ Cell _____

E-mail - Mother:_____ **E-mail - Father:** _____

Parish where child was baptized: Name:_____
Address:_____
Date of Baptism:_____

Has the child celebrated First Communion? Yes ☐ No ☐ Which Parish?_____

Has the child celebrated First Reconciliation (Confession): Yes ☐ No ☐

Name of school attended by child_____ **Grade**_____

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If your child is not Roman Catholic, please complete the following questions:

Was the child Baptized in the Ukrainian Catholic Church or other Catholic Church? Yes ☐ No ☐

If yes, Confirmation was celebrated at Baptism. **The Sacrament of Confirmation is not repeated**.

Was the child Baptized in the Orthodox Church? Yes ☐ No ☐

If yes, when making a Profession Faith, the child is ascribed to the corresponding Eastern Church *sui iuris* within the Catholic Church.

Was the child Baptized in another Christian Church (e.g. Anglican, Lutheran, United)? Yes ☐ No ☐

If yes, which one?_____

If yes, when making a Profession of Faith, the child is received into the Roman Catholic Church. Denomination

Permission of a Parent for a child under the age of 14:
☐ to make a Profession of Faith

_____ _____

Mother's Signature Father's Signature

As my child's parent/guardian, I accept my role in teaching my child what it means to be a Catholic Christian and how to be open to the Holy Spirit in her/his life.

_____ Parent(s)' Signature

For Office Use Only:

Date of Confirmation:_____ **Minister of Confirmation:**_____

Proposed Date of Confirmation: _____

Proposed Place of Confirmation: _____

To be conferred by: _____

☐ Permission to confer the Sacrament of Confirmation granted on _____ to:
dd/mm/yy

_____ by _____ _____

Name of Priest Archbishop / Delegate Received by: Initials