

Confirmation Registration Form

Please complete this form and return it to the parish (PLEASE PRINT)

Parish Information

Name of Parish:	City:			
 I currently live within the territorial boundaries of the parish. I currently do not live within the territorial boundaries of the parish, but I am formally registered at the parish. 				
Child's Information				
Full legal name of child:				
First Name Middle Name(s)	L	ast Name		
Male Female Date of Birth:	City of Birth:			
Church of Baptism:	Date of Baptism:			
Address of Baptismal Church:				
School Name:	Email:			
Parent's Information				
Mother (Full legal name & Maiden Name):				
First Name Middle Name(s)	Last Name	(Maiden Name)		
Religion: Roman Catholic Other:		☐ None		
Present Address:	<u>^</u> +.	Postal Code		
Phone:	^{City} Email:			
I am a parent of, or have legal custody of the child.				
Father (Full legal name):				
First Name Middle Name(s)	Last Name			
Religion: 🗌 Roman Catholic Other:		□ None		
Present Address: Same as mother's				
Street	City	Postal Code		
Phone:	Email:			
I am a parent of, or have legal custody of the child.				

Eligibility of Godparent

Canon 892 Insofar as possible, there is to be a godparent for the person to be confirmed; the godparent is to take care that the confirmed person behaves as a true witness of Christ and faithfully fulfills the obligations inherent in this sacrament.

Canon 893 §1. To perform the function of godparent, a person must fulfill the conditions mentioned in canon 874 §1 (see below).

The following are the requirements in order for a Catholic to be a godparent (canon 874 §1):

- at least 16 years of age
- he/she has been fully initiated in the Catholic Church (received Baptism, Holy Communion, and Confirmation)
- in good standing with the Catholic Church: live a life of faith which befits the role to be undertaken; not under canonical penalty
- not the father or mother of the one to be confirmed

Godparent's Information

Godparent (Full legal name):				Age:
	First Name	Middle Name(s)	Last Name	
Current Parish:			City:	
			·	
Present Address:				
	Street	City		Postal Code
Phone:		Email:		
Fulfills the requirements of canon 874.				

Declaration

I, the undersigned, declare that the information on this form (Pages 1 & 2) is true and accurate.			
Name (PLEASE PRINT):			
Signature:	Date:		