

St. Francis de Sales - Blessed Sacrament Parish



17 Elmsley Street North, Box 1153,
Smiths Falls ON K7A 5B4
Phone: 613-283-0220 Fax: 613-283-0249
Web page: www.stfrancis-smithsfalls.com
E-mail: stfrancis.sf@gmail.com



REGISTRATION FOR CONFIRMATION

Candidate's Name: _____
(last name) (first name)

Address: _____

Telephone: _____

Date of Birth: _____ **Height:** _____
(year) (month) (day)

Parish of Candidate: _____ School: _____

Candidate's Date of Catholic Baptism: _____

Candidate's Parish of Baptism: _____

Address of Parish of Baptism: _____
(street) (city)
(province) (postal code)

Candidates will have already received the sacraments of Reconciliation and First Communion. If this is not the case, please contact the Parish immediately!

If you were not baptized in St. Francis de Sales or Blessed Sacrament Church, please enclose a photocopy of your Catholic Baptismal certificate. *If you do not have a Baptismal certificate, please contact the parish where the candidate was baptised and ask for a copy to be sent to our parish by fax or e-mail.*

Names of Candidate's Parents and Sponsor: *(email will be used to communicate information only)*
*Check here [] if you **DO NOT** want us to communicate with you through email.

Father: _____
(last name) (first name) (signature)

Father's email address: _____

Mother: _____
(maiden name) (first name) (signature)

Mother's email address: _____

Sponsor: _____
(last name) (first name)

Which parent is the best contact:

- Father
 Mother

(signature of candidate)

Please return this completed form to the Classroom Teacher or Parish Office as soon as possible.