



SACRAMENT OF CONFIRMATION - APPLICATION FORM

This form is to be completed by all parents/guardians.

CHECK OFF ONE Parish location for these Sacraments [X]

Table with 6 columns for parish locations: St. Boniface, Zurich; St. Peter's, St. Joseph; Immaculate Heart of Mary, Grand Bend; Our Lady of Mt. Carmel, Mt. Carmel; Precious Blood, Exeter; St. Peter's, Goderich.

CHILD'S FULL NAME: _____
First Name Middle Name(s) Family Name

DATE OF BIRTH (mm/dd/yyyy): _____ Male [] Female []

NAME OF SCHOOL CHILD ATTENDS: _____ GRADE: _____

CHURCH OF CHILD'S BAPTISM *: _____ DATE (mm/dd/yyyy): _____

*If your child was Baptized at any of the 6 parishes in our Family of Parishes, we will have their information on file. If your child was Baptized in another parish and you do not have a copy of their Baptismal Certificate, then please contact the parish where the Baptism took place and they will provide the copy to you. Please send the copy to the Pastoral Worker.

CHILD'S HOME ADDRESS: _____ APT/UN: _____

CITY: _____ POSTAL CODE: _____

FATHER'S FULL NAME: _____ RELIGION: _____

MOTHER'S FULL NAME (include maiden name): _____ RELIGION: _____

EMAIL ADDRESS (of parent/guardian): _____ PHONE #: _____

I/WE ATTEND CHURCH AT: _____

HOW OFTEN DO YOU ATTEND MASS (PRIOR TO COVID)? _____

SPONSER'S FULL NAME: _____

(only 1 sponsor, who must be 16+ years of age, Catholic, Confirmed, and not the child's parent)

Table with 2 columns: For Office Use Only, Notes. Rows include Form Received, Contacted, Prep. Course, Confirmation Date, Registry, and Are they registered members? Yes [] No []

I/We understand that the information provided on this form is for the use of the Lake Huron Catholic Family of Parishes for providing pastoral care and will not be shared with any other organization.

Signature(s) of Parent(s) or Guardian(s)**

Date

**No signature required if filled out by Pastoral Worker or Priest with verbal consent of parents/guardians

Typing your name in the signature area and sending the form denotes consent.