



ST. BASIL PARISH



SACRAMENT OF CONFIRMATION 2020 REGISTRATION PACKAGE

PLEASE NOTE THAT WE CAN ONLY ACCEPT THIS FORM IF IT IS ACCOMPANIED BY A PHOTOCOPY OF YOUR **CHILD'S BAPTISM CERTIFICATE**

CANDIDATE'S INFORMATION: (PLEASE **PRINT** CLEARLY)

FULL NAME: _____

FULL ADDRESS: _____ **Postal Code** _____

SCHOOL: _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

CHURCH OF BAPTISM: _____ **DATE OF BAPTISM:** _____

COPY OF BAPTISM CERTIFICATE

COMPLETE ADDRESS OF BAPTISMAL CHURCH: _____

IF HE/SHE WAS NOT BAPTIZED IN THE ROMAN CATHOLIC CHURCH, PLEASE CONTACT THE PARISH OFFICE

Has the Candidate received First Holy Communion: () Yes () No

CONFIRMATION DATE : **WEDNESDAY , APRIL 29, 2020 AT 7:00 P.M.**

PARENT/GUARDIAN INFORMATION: (PLEASE **PRINT** CLEARLY)

FATHER'S FULL NAME: _____

MOTHER'S FULL NAME AND MAIDEN NAME: _____

PHONE: _____ **E-MAIL ADDRESS:** _____

CONFIRMATION SPONSOR'S FULL NAME (MUST BE A BAPTIZED CATHOLIC OVER THE AGE OF 16)

CONFIRMATION NAME CHOSEN

N.B. (1) ENROLLMENT FOR CONFIRMATION WILL TAKE PLACE AT A 7:00 PM MASS , WEDNESDAY APRIL 29, 2020

(2) REHEARSAL ON SUNDAY APRIL 19, 2020 AFTER 11:30 AM MASS (CANDIDATES & SPONSORS MUST ATTEND)