

### Adult Confirmation Registration

**Date of Application:** \_\_\_\_\_

**Candidate's Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

cell/home/work (circle)

**Please attach a copy of your baptism certificate to this form. If it is in another language, please provide a translation.**

**Candidate's Baptismal Name** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**Name of Church:** \_\_\_\_\_

**Address of Church:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Candidate was baptized in:**  Roman Catholic Rite  Ukrainian Catholic Rite  
 Other

**Candidate Confirmation Name:** \_\_\_\_\_

#### Family Information

**Father's Full Name:** \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_

*(Maiden Name)* \_\_\_\_\_

#### Catholic Sponsor Information

**Sponsor's Full Name:** \_\_\_\_\_

**Sponsor's Date of Confirmation and Church of Confirmation**

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**Are there other Sacraments for which you need preparation?**

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Please note that you are required to celebrate the Sacrament of Reconciliation before your Confirmation. Please contact the office for an appointment with a priest or attend one of our regular scheduled Reconciliation times.

Please submit this form and a copy of your baptism certificate to Sandy Leia, Director of Evangelization, at the parish office or at [sleia@saintmichael.ca](mailto:sleia@saintmichael.ca). For more information, call 403-249-0423 ext. 129.