

ST. CLARE OF ASSISI PARISH

Fr. John Borean, Pastor, Fr. Robert Mignella, Associate Pastor

ST. CLARE CATHOLIC SCHOOL

CONFIRMATION 2010

Please ensure that all information is complete before submitting to the Parish.

- Registration Form PHOTOCOPY (not the original) of Baptismal Certificate
- Registration Fee \$30.00 *Cheques should be made payable to St. Clare of Assisi Parish—Confirmation 2010 and should include the your child's name, home phone number and school on the back of the cheque*
- CASH CHEQUE Received by: _____ (for office use)

Please print all information clearly.

First Name and Last Name of Candidate (as you would like it to appear on Certificate)

Candidate's Teacher

Date of Birth (day/month/year)

Date of Baptism (day/month/year)

Parish of Baptism

Year of First Confession

Year of First Holy Communion

School at time of First Confession and First Holy Communion

IF your child has not been baptized or received the sacraments of First Reconciliation and First Holy Communion, please contact your child's teacher/Fr. Robert immediately (905-653-8000).

PARENTS:

First and Last Name of *Father*

First and *MAIDEN Name* of *Mother*

Home

Address:

Number

Street Name

City

Postal Code

Home Phone Number: () --

Cell Number: () --

Email address: _____

DECLARATION OF INTENT and ACKNOWLEDGEMENT OF COMMITMENT

I AM WILLING TO PREPARE FOR THE SACRAMENT OF CONFIRMATION, BY MAKING THE FOLLOWING AGREEMENTS:

- ✠ I will participate in Sunday Mass. I attend Mass at _____ (Name of Parish)
- ✠ I will participate in the Holy Days of Obligation.
- ✠ I will actively participate in class instruction in preparation for Confirmation.
- ✠ I will pray regularly and I will attempt to show love and respect for others.
- ✠ I will go to confession so that I may receive the Holy Spirit with a clean heart.
- ✠ I will become more aware of my Christian responsibility by responding to a need in my community, parish or home.

In keeping with the terms of these promises, I ask for the help of God and the assistance of my family and friends.

Signature of Candidate

Date

Witnessed by (please print name of Parent/Guardian)

Signature of Witness (Parent/Guardian)

HEIGHT

FEET

INCHES

OR

CENTIMETRES

For proper gown fitting, please accurately measure your current height.

SPONSOR'S NAME (if known at the time of registration) _____

Please provide **first and last** name of sponsor. Sponsors must be 16 years of age, practicing Catholics and baptized **AND** confirmed as **Roman Catholics**. Parents cannot be sponsors for their own children.

All information is for administrative purposes and will remain confidential.

