

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)

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**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.

