

ST JOHN THE DIVINE PARISH
390 Base Line Rd W
London, Ontario N6J 1W1
Phone: 519-471-7022

REGISTRATION for CONFIRMATION

Please circle grade: 7 or 8

Please print and complete both sides of form:

Name of Candidate: _____ / _____ / _____
(Last) (First) (Middle)

Date of Birth: _____ School You Attend: _____

Parish Affiliation: _____

Family Information:

Family Name: _____

Mother's Full Name: _____
(Maiden Name)

Father's Full Name: _____

Home address of Candidate: _____
(Unit/apt#) (House number) (Street)

(City) (Postal Code)

Telephone Number: _____

Email address: _____

Sponsor Information: Your sponsor must be confirmed, a practicing Roman Catholic, at least 16 years of age, and not the candidate's parent)

Sponsor's Name: _____

Relationship to Candidate: _____ Phone number: _____

Baptismal Information: A photocopy of your child's Baptism certificate **is required if not baptised at St. John the Divine Parish**. Please bring a photocopy of the Baptism certificate to the registration/info session attached to the registration form.

Date of Baptism: _____ Name of Church: _____

Mailing Address of Church: _____

Date of First Reconciliation: _____ Date of First Communion: _____

Do we have permission to take your child's photograph to be used for our bulletin boards, website and future promotional items? Please circle: Yes or No

If yes, please sign here: _____
(Signature of parent) (Date)

Health Information:

Medical Concerns & Allergies: _____

Health Card Number: _____

In the event of an emergency, where medical treatment is required, I give permission to the Parish Catechist of St. John the Divine and/or delegated adult to obtain the services of a licensed physician for my youth. Please notify me immediately concerning any such emergency.

Signature of Parent: _____
(Date)

Please indicate which mass you would prefer for the Confirmation Rite.

December 7th Mass @ 5:15pm _____ December 8th @ 9am _____ or 11am _____

Thank you,

Bridget Corneil
(Parish Catechist) bcorneil@dol.ca