Confirmation Registration Form 2020/2021

St. Aidan's Roman Catholic Church

3501 Finch Ave. East, Scarborough, ON M1W 2S2 Tel: 416-494-2704 Email: <u>StAidansSC@archtoronto.org</u> Website: <u>staidanssc.archtoronto.org</u>

Candidate's Name				
Address				
Parent's telephone nun	nber			
Parent's email				
Candidate's date of Birt	.h			
Date of Baptism				
Name and address of C	hurch of Baptism			
	candidate's baptismal ce	ertificate with this registra	ation form, if the candidate was	
Religion				
Mother's Full Name an				
First Name	Middle Name	Last Name	(Maiden Name)	_
Religion				
Name of Church you at	tend on Sundays:			

How often do you attend?
Which school you attend?
Has the Candidate received the Sacrament of Reconciliation/Confession?
Has the Candidate received First Holy Communion?
Sponsor's Name
<u>A candidate's sponsor is to be a good role model in the faith. A sponsor must be a practicing Catholic who has been</u> confirmed and older than 16 years of age. If the sponsor is married, he/she must be married in the Catholic Church.

The sponsor need not be the same gender as the candidate.

I, the parent/guardian, of my child agree to assist the Candidate in his/her preparation for the reception of the sacrament of confirmation at St. Aidan's Parish. I understand that my child needs to be sufficiently prepared for this, and that he/she is expected to participate at Mass on Sundays. I will undertake to oversee his/her preparation and I will ensure his/her regular attendance at Mass.

(Signature of Parent or Guardian)

(Date)