## **CONFIRMATION REGISTRATION**

Saint Dominic Parish, Oakville

## PERSONAL INFORMATION

Please print Full name of Candidate:				
Date of Birth:		Address:		
Postal Code:		Phone:		
Father (first name & family name):			Reli	gion:
Mother (first name & maiden name):			Re	eligion:
Email:				
School:	Teacher:			
	BAPTISM	IAL INFOR	MATION	
Church of Baptism:				
Address:				
Street		City	Province	Postal Code
Date of Baptism:	Day	Month	Year	
*Please provide a <u>copy</u> of the	candidates	Baptismal C	<mark>ertificate</mark> to be	submitted with this form*
	SPONSO	OR INFORM	IATION	
Name of Sponsor (if known):				
In selecting a sponsor for Confirma	ation, the fo	ollowing shou	ıld be kept in n	nind:
			med, and practices old and may no	
I commit to attending prepara	tion sessio	ns at the Pa	rish and to co	mpleting Service Projects.
Candidate`s Signatu	re			