

Confirmation Registration Form

Please complete this form and return it to the parish (PLEASE PRINT)

Parish Information

Name of Parish:	City:		
I currently live within the territorial boundaries of the parish.			
I currently do not live within the territorial boundaries of the parish, I	but I am formally registered at the parish	l.	
Child's Information			
Full legal name of child:			
First Name Middle Name(s)		Last Name	
Male Female Date of Birth:	_ City of Birth:		
Church of Baptism:	Date of Baptism:		
Address of Baptismal Church:			
Parent's Information			
Mother (Full legal name & Maiden Name):			
First Name Middle Name(s)	Last Name	(Maiden Name)	
Religion: Roman Catholic Other:		None None	
Present Address:	2 1	5.000	
Street Street	City	Postal Code	
I am a parent of, or have legal custody of the child.			
Father (Full legal name):			
<u>ramer (run ega name).</u>			
First Name Middle Name(s)	Last Name		
Religion: Roman Catholic Other:			
Present Address: Same as mother's			
Street	City	Postal Code	
Phone:	Email:		
I am a parent of, or have legal custody of the child.			

Eligibility of Godparent

Canon 892 Insofar as possible, there is to be a godparent for the person to be confirmed; the godparent is to take care that the confirmed person behaves as a true witness of Christ and faithfully fulfills the obligations inherent in this sacrament.

Canon 893 §1. To perform the function of godparent, a person must fulfill the conditions mentioned in canon 874 §1 (see below).

The following are the requirements in order for a Catholic to be a godparent (canon 874 §1):

- at least 16 years of age
- he/she has been fully initiated in the Catholic Church (received Baptism, Holy Communion, and Confirmation)
- in good standing with the Catholic Church: live a life of faith which befits the role to be undertaken; not under canonical penalty
- not the father or mother of the one to be confirmed

Godparent's Information

Godparent (Full legal name)	:			Age:
	First Name	Middle Name(s)	Last Name	
Current Parish:			City:	
Present Address:				
	Street	City		Postal Code
Phone:		Email:		
Fulfills the requirements of canon 874.				

Declaration

I, the undersigned, declare that the information on this form (Pages 1 & 2) is true and accurate.		
Name (PLEASE PRINT):		
Signature:	Date:	