



# SYRO-MALABAR CATHOLIC EPARCHY OF MISSISSAUGA

For the Glory of God

## REGISTRATION FORM FOR SACRAMENT OF CONFIRMATION

|                                  |                |                    |        |
|----------------------------------|----------------|--------------------|--------|
| <b>Name of the Parish:</b>       |                |                    |        |
| Baptism Name:                    |                |                    |        |
| Name of Candidate:               | (first)        | (middle)           | (last) |
| Name of Father:                  | (first)        | (middle)           | (last) |
| Name of Mother:                  | (first)        | (middle)           | (last) |
| Father's Religion:               |                | Mother's Religion: |        |
| Envelope Number:                 |                |                    |        |
| Date of Birth of Candidate:      | yyyy / mm / dd | Date of Baptism:   |        |
| Date of Solemn Communion         |                |                    |        |
| Proposed date of Confirmation:   | yyyy / mm / dd | Time:              |        |
| Proposed Church of Confirmation: |                |                    |        |
| Home Address:                    |                |                    |        |
| Street:                          |                | House/Apt#:        |        |
| City:                            |                | Postal Code:       |        |
| Phone:(home)                     |                | (Cell)             |        |
| <b>Office use</b>                |                |                    |        |
| Name of Celebrant:               |                |                    |        |
| Date of Confirmation:            |                |                    |        |
| Name & Signature of Pastor       |                |                    |        |