

# Sacrament of CONFIRMATION

2022 - 2023

\*\*Office Use CONFIRMATION DATE REC'D \_\_\_\_\_

<b>Candidate's FULL LEGAL name</b> as on birth certificate or Permanent Residency			___ Male
First	Middle	Last	___ Female
School	Grade	Date of Birth	
<b>Holy Family Parish</b> ___		Please indicate Home Parish	<b>St. Patrick's Parish</b> ___
Mother's FULL Name _____ ( _____ ) Religion _____ Maiden Name			
Father's FULL Name _____ Religion _____			
Child Lives with Both parents ___ Mother ___ Father ___ Shared Custody ___ Guardian/Other ___			
Home address		City	Postal Code
E-mail address (PRINT CLEARLY PLEASE!)		Phone Number	
Church of <b>Baptism or Profession of Faith</b>		City	Date ___√ Still needs
Parish of <b>First Holy Communion</b>		City	Date ___√ Still needs
Parish of <b>First Reconciliation</b>		City	Date ___√ Still needs
<b>Does your child need assistance in the classroom on a regular basis due to learning challenges? Are there any health problems we need to know about?</b>			

**When registering please include the following:**

- Copy of the child's **Baptism and 1<sup>st</sup> Communion Certificate**
- Copy of **Birth Certificate** or **Permanent Canadian Residency card** if **born out of the country.**
- Registration fee \$35.00 to help church cover cost of resources. If this is a hardship but you can make a small donation that would be appreciated otherwise the parish will cover the cost.

**If you miss the registration meetings you may register in person at both parish offices.**

**Holy Family office hours Monday to Friday 8:30am to 4:30pm closed for lunch 12:00pm-1:00pm**

**St. Patrick's office hours Monday to Friday 8:30am to 2:30pm closed for lunch 12:00-12:30**

**PARENTS ONLY:**

<p><b>Freedom of Information and Protection of Privacy Act (FOIP) Release to Parish</b></p> <p>Please indicate your desire to allow the Parishes to publish your child's <b>name and PICTURES</b> in a designated area within the Church or release your child's name to the Catholic school they attend, allowing the school to recognize your child's participation in this sacramental program.</p> <p style="text-align: right;">YES ___ NO ___</p>
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**Parent/Guardian Signature of Commitment** \_\_\_\_\_

# Holy Family Parish

1451 Strachan Rd. SE - Medicine Hat AB T1B 4V3  
 Phone: (403) 527-6933 FAX: (403) 526-2482

# Census Form

Personal Information

Family Name:	Reg. Date: <small>yyyy/mm/dd</small>	Donation Envelopes	<input type="checkbox"/> Yes/No <input type="checkbox"/>
Mailing Name:	Home Phone:		
Mailing Address:	Home Fax:		
City/Prov/Postal:	Mass of Choice:		

Last Updated: yyyy/mm/dd  
 For Each Family Member, list the details on each person, start with the Envelope Holder, include all children, or other relatives living in the same household/family.

	Family Member	Family Member	Family Member	Family Member
Last Name				
First Name				
Middle Names				
Gender M / F	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>
Date of Birth <small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>
Marital Status				
Family Relation				
Parishioner (Y/N)	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>
Envelope#				
Religion				
Occupation				
Bus. Phone				
Bus. Fax				
Cell Phone				
School + Grade				
Email Address				
Maiden Name	<input type="checkbox"/> Living at home	<input type="checkbox"/> Living at home	<input type="checkbox"/> Living at home	<input type="checkbox"/> Living at home