

**St. Anthony's Parish
5340-4 Street SW
Calgary AB T2V 0Z5**

Tel.: 403-608-4355 Fax: 403-255-7796

Email: youthministry@stanthonyscalgary.com www.stanthonyscalgary.com



**Confirmation - Friday, November 17, 2017 at 7:00 PM
Sacramental Registration Form**

Please complete the following information about your family for your child who is receiving Confirmation this year. If your child was not baptized at St. Anthony's; we will need a copy of his or her baptismal certificate. Please request one from the parish where they were baptized or provide a copy to the Faith Formation Office. Please, note: There will be a mandatory Reconciliation Service for the Candidates for Confirmation. Please call 403-252-1137 with any questions. Please, return this form to the Parish Office by **September 15, 2017**

Family Email Address: _____ **Tel.:** _____

Child's Last Name First, Middle: _____
Last, First Middle

City of Birth: _____ **First Reconciliation: Yes/No**

Date of Birth: _____ **First Eucharist: Yes/No**

Church of Baptism: _____
Parish Name and address: City, Prov.

Date of Baptism: _____ **Registration fee: \$25** _____

Mailing Address: _____ **Registered in the Parish:** _____

Street, City, Province, Postal Code

Mother's Maiden Name: _____

First Middle

Father's Last Name: _____

First Middle

Sponsor: _____
If Unknown at this time you may leave blank

School attending: _____

Date: _____

Signature: _____
Parent/Guardian