

CONFIRMATION REGISTRATION 2025

(Grade 6 or older)

Last Day of Registration: February 22, 2025

Please print clearly

NAME OF YOUTH:	(N	1) or (F)
(Last Name)	(First Name)	
DATE OF BIRTH: MONTHDAY	YEAR	
HOME ADDRESS:	POSTAL CODE:	
PHONE NUMBER:	WORK/CELL#	
FATHER'S LAST NAME:	FIRST NAME:	
MOTHER'S MAIDEN NAME:	FIRST NAME:	
EMAIL ADDRESS:		
Alternate contact Person (if not parents/guardians):		
NAME OF CHURCH WHERE CHILD WAS BAPTIZ	ED:	
ADDRESS OF CHURCH OF BAPTISM: (VERY IMP	ORTANT!)	*
DATE OF BAPTISM:		
NAME OF SCHOOL:	GRADE:	_
AGE OF CHILD on March 1, 2025		
NAME OF SPONSOR(S) FOR CONFIRMATION:		(M) or (F)
		(M) or (F)
(Sponsors must be practicing Catholic Please attach a copy of your child's Baptism cet these sacraments were celebrated at St. John Bos to the parish office by email joyce.labelle@caedre parish. All forms MUST be submitted before Farents and youth must attend a meeting Parent's Commitment As parents we promise to help our son/daughter p	ertificate and First Eucharist certico) to the completed registration m.ca or drop off the form/certific rebruary 22, 2025 - deadline. on Thursday, March 6, 2025 are prepare spiritually for the Sacram Mass and praying together, by en	ificate (even if a form and submit ates to the term of accouraging and
	(parent's signature)	