

Confirmation Registration Form

SCHOOL/TEACHER:

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Name of Parish:	ST. AMBROSE CATHOLIC CHURCH	City: ETOBICOKE					
 ☐ I currently live within the territorial boundaries of the parish. ☐ I currently do not live within the territorial boundaries of the parish, but I am formally registered at the parish. 							
Child's Information							
Full legal name of child:							
First Name Male Female	Middle Name(s) Date of Birth:	City of Birth:	Last Name				
Address of Baptismal Cho	urch:						
Parent's Information							
Mother (Full legal name 8	& Maiden Name):						
First Name Religion: Roman Ca	Middle Name(s)	Last Name	(Maiden Name)				
Present Address:	Street	City	Postal Code				
Phone:	Street	Email:	Postal Code				
☐ I am a parent of, or	have legal custody of the child.						
Father (Full legal name):							
First Name	Middle Name(s)	Last Name					
Religion: Roman Ca	atholic Other:		None				
Present Address: Same as mother's							
Phone:	Street	City Email:	Postal Code				
☐ 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 na	me):			Age:
	First Name	Middle Name(s)	Last Name	
Current Parish:			City:	
Present Address:				
DI	Street	City		Postal Code
Phone:		Email:		
Fulfills the requirement	ents of canon 874.			
Declaration				
I, the undersigned, declar	e that the information on this	form (Pages 1 & 2) is true and accura	te.	
Name (PLEASE PRINT):				
Signature:			Date:	