



London North Central Catholic Family of Parishes
 Diocese of London, Ontario, Canada
 "Being a mission-oriented Church forming disciples of Jesus"



REGISTRATION FOR CONFIRMATION 2024 – 2025
 Please Send this Form to Leigh Duckworth lduckworth@dol.ca

St. Michael's Parish
 511 Cheapside Street, London, ON N5Y 3X5
 Tel. 519-433-6689 | Email stmichlon@dol.ca

St. Peter's Cathedral Basilica
 533 Clarence Street, London, ON N6A 3N1
 Tel. 519-432-3475 | Email basilica@dol.ca

CHILD'S NAME		
First	Middle	Last
MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	DATE OF BIRTH:
		BAPTISM DATE:
		Day / Month / Year
CITY & COUNTRY OF BIRTH:		
CHURCH, CITY & COUNTRY OF BAPTISM:		

FATHER'S NAME:	SURNAME:	RELIGION:
FATHER'S ADDRESS:		
Unit/Apt	Street	Postal Code
PHONE NUMBER (home)	(cell)	
MOTHER'S NAME:	MAIDEN NAME:	RELIGION:
MOTHER'S ADDRESS: <i>(If different than Father's)</i>		
Unit/Apt	Street	Postal Code
PHONE NUMBER (home)	(cell)	
EMAIL ADDRESS: <i>Email will be the primary source of communication. Provide an email that gets checked frequently.</i>		
CHILD'S SCHOOL:	GRADE:	

REGISTERED PARISHIONER: YES NO

NOTE *Please attach a copy of Baptismal Certificate*
 Please attach a signed Liability Waiver

Form is double sided.
Please turn over.



For Office Use Only:	<input type="checkbox"/> Baptism Verified	<input type="checkbox"/> Signed Liability Waiver	<input type="checkbox"/> Confirmation Certificate
<input type="checkbox"/> Entered in DDMS	<input type="checkbox"/> Entered in CONFIRMATION Register	<input type="checkbox"/> Parish of Baptism Contacted (if applicable)	

CONFIRMATION SESSIONS

Please choose ONE session.

Fall 2024

6 classes October-December
plus 1 parent information meeting

Spring 2025

6 classes April-May
plus 1 parent information meeting

All 6 classes (1 session) are a pre-requisite for the Sacrament of Confirmation. Since the Sacrament is a sacred event, our preparation is a concrete way of ensuring that we approach God with reverence.

SPONSOR

A Sponsor should be 16 years of age, fully initiated into the Catholic faith, and a model of the faith which will encourage, accompany, and witness to the Catholic Faith. This particular role is sacred, as the Sponsor has a unique call to pray for, and practically supports the student in their faith.

Please supply the name of the Sponsor:

SPONSOR'S NAME: _____

PHOTO PERMISSIONS

Throughout the preparation time there will be opportunities for photographs to be taken that have the potential to be used on our website and Facebook page or in our Family of Parish's publication **without naming the participant.**

- I give permission for photographs of my child _____
to be displayed without naming. (child's name)
- I do **not** give permission for photographs of my child _____
to be displayed without naming. (child's name)

Parent/Guardian Signature: _____

Date: _____

Check List:

- Copy of child's Baptismal Certificate attached (*even if baptized at St. Michael's or St. Peter's*)
- All areas of registration form are completed
- Confirmation Session chosen
- Name a Sponsor
- Photo Permissions is signed
- Liability Waiver is signed

As the parent/guardian of the child being registered, I understand I am the first teacher of faith and formation in my child's preparation for sacraments.

(Please sign)