Confirmation Registration Form 2021/2022

St. Aidan's Roman Catholic Church

3501 Finch Ave. East, Scarborough, ON M1W 2S2
Tel: 416-494-2704 Fax: 416-494-3160 Email: **StAidansSC@archtoronto.org**Website: **staidanssc.archtoronto.org**

Candidate's Name				
Address				
Parent's telephone num	ber			
Parent's email				
Candidate's date of Birt	h			
Date of Baptism				
Name and address of Ch	nurch of Baptism			
			tion form, if the candidate wa	
Father's Full Name				
	First Name	Middle Name	Last Name	
Religion				
Mother's Full Name and	d Maiden Name			
First Name	Middle Name	Last Name	(Maiden Name)	
Religion				
Which school does your	child attend?			

Is your child a virtual student, or grade 8 or older?	
Has your child received the Sacrament of Reconciliation/Co	onfession?
Has your child received First Holy Communion?	
Sponsor's Name	
A candidate's sponsor is to be a good role model in the faith. A sponsor confirmed and older than 16 years of age. If the sponsor is married, he The sponsor need not be the same gender as the candidate.	
I, the parent/guardian, of my child agree to assist the Candidate in his sacrament of confirmation at St. Aidan's Parish. I understand that if for this, and that he/she is expected to participate at Mass on Sun preparation and I will ensure his/her regular attendance at Mass.	my child needs to be sufficiently prepared
(Signature of Parent or Guardian)	(Date)