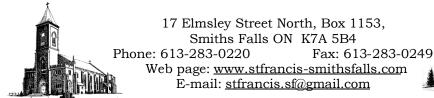
St. Francis de Sales - Blessed Sacrament Parish





REGISTRATION FOR CONFIRMATION

Candidate's Nar						
(last name) Address:				(first name)		
Telephone:						
Date of Birth:				Height:		
	(year)	(month)	(day)			
Parish of Candi	date:		School:			
Candidate's Dat	te of Catholic Bap	otism:				
Candidate's Par	ish of Baptism:					
Address of Pari	sh of Baptism:					
	-	(street)	(city)			
		(province)		(postal code)		
If you do not ha for a copy to be	sent to our paris	ertificate, please con h by email.	will be used to comm	unicate information on	•	
Father:					Which parent is	
,	name)	(first name)	(signature)		the best contact:	
Mother:	s cmun uun ess.				- O Father	
(maio	den name) 's email address:		(signature)		- O Mother	
Sponsor:					_	
(last	name)	(first name)				
			_	(signatu	re of candidate)	