CONFIRMATION REGISTRATION SHEET

☐ **YES,** we wish our son or daughter to celebrate the Sacrament of Confirmation.

☐ **NO,** our son or daughter has decided not to celebrate the Sacrament of Confirmation.

Child's Name: _____
please print full name

Place of Birth: _____

Date of Birth: _____

Date of Baptism:_____

Place of Baptism:_____
complete name and address of church

_____

Please note: If your child was not baptized at St Mary of the Visitation Parish, Cambridge, please attach a photocopy of your child's baptismal certificate to this form.

Father's Name: _____Religion_____

Mother's Name: _____Religion_____

Mother's Maiden name: _____

Family Address: _____

_____Postal Code_____

Phone Number: _____

Child's school and Teacher's Name _____

Please note: If you know this information at this time, please fill it in. If not, then we will fill it in at a later time as the date of Confirmation approaches.

Confirmation Name:_____
Sponsor's Name: _____

_____
Signature of Parent