

# Confirmation Registration

St. Roch's Roman Catholic Church  
2889 Islington Avenue  
Toronto, ON M9L 2T3  
Tel: (416) 749-0328 Fax: (416) 749-0329  
Email: [strochschurch@hotmail.ca](mailto:strochschurch@hotmail.ca)



## Personal Information

Candidate's Name:	<input type="text"/>	Middle Name:	<input type="text"/>	Last Name:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/>				
City:	<input type="text"/>	Province:	<input type="text"/>		
Postal Code:	<input type="text"/>				
Home Phone:	<input type="text"/>				
Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>		
School:	<input type="text"/>				
Parish Usually Attended:	<input type="text"/>				
Height (in ft):	<input type="text"/>	<input type="text"/>	(Note: We require this information for the gown rental)		

## Family Information

Father's Name:	<input type="text"/>			
Cell Phone:	<input type="text"/>	Email:	<input type="text"/>	
Mother's Name:	<input type="text"/>			
Cell Phone:	<input type="text"/>	Email:	<input type="text"/>	

## Baptism History

*A copy of your child's baptism certificate to be attached with this form. Note: If your child was baptized here at St. Roch, a copy of the certificate is not required. Simply note this on the first line and the date of baptism.*

*For those baptized outside of Toronto, we will require a full and complete address of the church of baptism as we need to notify them the confirmation has occurred so that they can record the information in the baptismal record.*

Church of Baptism:

Address of Church:

Country:

Date of Baptism:

Have you celebrated your First Reconciliation?

Have you celebrated your First Eucharist?

## Additional Information

*Please check the following:*

- I am **sure** I want to be confirmed.
- I am **not sure** I want to be confirmed at this time, but would like to enroll in the program anyway.
- I am **not sure** I want to be confirmed at this time and would like to speak with someone about this.
  
- I am new to the parish.

Is there anything else you think we should know about you? (i.e. Learning Challenges? Questions? Special needs?)

*All Information will remain confidential*

## For Office Use Only

Date Registration Received:

Baptismal Certificate Attached:  Yes  No

Payment Received:  Yes  No