

CONFIRMATION REGISTRATION

Spring 2025



St. Roch's Roman Catholic Church
2889 Islington Avenue
Toronto, ON
M9L 2T3

TEL: 416-749-0328

FAX: 416-749-0329

Email: strochswe@archtoronto.org

Personal Information

Candidate's Name: _____
First *Middle* *Last*

Address: _____

Home phone: _____

Date of Birth: _____ Place of Birth: _____

School: _____ Grade: _____

Parish Usually Attended: _____

Email address to use for online catechism program: _____


Family Information

Father's Name: _____

Cell phone: _____ email: _____

Mother's Name: _____

Cell phone: _____ email: _____

(Continued on reverse side) 

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 the 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 once the Confirmation has occurred so that they can record the information in the baptismal record.

Church of Baptism: _____

Address of Church: _____

Date of Baptism: _____

Please check: Yes No Have you celebrated your First Reconciliation?

Yes No Have you celebrated your First Eucharist?

Additional Information

Please check the following:

- I am **sure** I want to be confirmed at this time.
- 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 form received: _____

Baptism certificate attached: YES NO

Payment received: YES NO