

Confirmation Registration Form 2010-2011

Please Print Clearly

Participant

Full Name: _____

Do you prefer to be called another name? (short form?) _____

Date of Birth: (Day) _____ (Month) _____ (Year) _____

Mass usually attended: 5:00 PM _____
9:30 AM _____
11:30 AM _____

Address: _____

Postal Code: _____

Phone : _____

E-Mail: _____

Do You use it 3-5/wk?

yes/no

School & Grade (in September) _____

Parents/Guardians

Father' Name: _____

Mother's Maiden Name: _____

Address (if different from participant) _____

Home Phone: _____

E-Mail: _____

Do You use it 3-5/wk?

yes/no

Sponsor

We require this person to be a Catholic

Name: _____

Address: _____

Postal Code: _____

Phone : _____

E-Mail: _____

Do You use it 3-5/wk?

yes/no

Liturgical Ministry Information (first come first served)

Please indicate a 1st and 2nd choice

Liturgical Ministry :

Hospitality/Collection _____
Altar Serving _____
Lector _____
Share the Word _____ (limited enrollment)
Environment _____ (limited enrollment)
Music Ministry _____ (limited enrollment)

Catechism: _____
Money Counting: _____

Mass time preference: 5:00 PM 9:30 AM 11:30 AM

Sacrament Information:

Received **Baptism** on: (Day/Month/Year) _____

Church _____

Address _____

If not at St. John Brebeuf, include a copy of Certificate - we do not keep past copies in our files.

Received **Eucharist** on: (Day/Month/Year) _____

Church _____

Address _____

Confirmation Registration Fee

\$40.00 as

_____ Cash

_____ Cheques (made out to St. John Brebeuf)

Date Received: _____

Return to SJB by October 12, 2010

*Participants photographs may be taken for non-identifiable church purposes.
All information is confidential and for the exclusive use of St. John Brebeuf Parish*