Confirmation Registration Form
Holy Cross and Canadian Martyrs

Please complete this form and return it to Holy Cross Parish:
HolyCrossTO@archtoronto.org

(PLEASE TYPE)

Parish Information

Name of Parish: _____ City: _____

☐ I currently live within the territorial boundaries of the parish.

☐ I currently **do not** live within the territorial boundaries of the parish, but I am formally registered at the parish.

Mother (Full legal name & Maiden)

_____
First Name Middle Name(s) Last Name (Maiden Name)

Religion: ☐ Roman Catholic Other:_____ ☐ None

Present Address: _____
Street City Postal Code

Phone: _____ Email: _____

☐ I am a parent of or have legal custody of the child.

Father (Full legal name):

_____
First Name Middle Name(s) Last Name

Religion: ☐ Roman Catholic Other:_____ ☐ None

Present Address: ☐ Same as mother's

_____
Street City Postal Code

Phone: _____ Email: _____

☐ I am a parent of or have legal custody of the child.

Eligibility of Sponsor

Canon 892 -Insofar as possible, there is to be a godparent for the person to be confirmed; the godparent is to take care that the confirmed person behaves as a true witness of Christ and faithfully fulfills the obligations inherent in this sacrament.

Canon 893 §1. To perform the function of godparent, a person must fulfill the conditions mentioned in canon 874 §1 *(see below)*.

The following are the requirements for a **Catholic** to be a godparent (canon 874 §1):

-at least 16 years of age

-he/she has been fully initiated in the Catholic Church (received Baptism, Holy Communion, and Confirmation) in good standing with the Catholic Church: live a life of faith which befits the role to be undertaken; not under canonical penalty

- not the father or mother of the one to be confirmed

Sponsor's Information

Sponsor (Full legal name): _____ Age: _____

First Name Middle Name(s) Last Name

Current Parish: _____ City: _____

Present Address: _____

Street City Postal Code

Phone: _____ Email: _____

☐ Fulfills the requirements of canon 874

Please Include: Photocopy of Confirmation Certificate of Sponsor or Marriage Certificate

Are you Married? Y__ N__ If married, were you married in Catholic Church Y___ N___

Declaration

I, the undersigned, declare that the information on this form is true and accurate.

Name (Print) _____

Signature: _____ Date: _____

Registration Fee $90 to offset materials, program expenses, and retreat. Cash only.

Please place in an envelope, clearly marked with name of child, and attach to the registration form.