

**REGISTRATION FORM**  
**Canadian Martyrs Parish, Calgary**

**CONFIRMATION 2021**

This Reconciliation preparation program is generally for children in Grades 6 and up  
who have been baptized Catholic/made a Profession of Faith

**Child's Personal Information**

Child's Last Name:	First Name:	Middle Name:
Address (Street):		
City:	Province:	Postal Code:
Home Phone: 587-2308668	Cell Phone / emergency phone	Mom's Work
E-mail Address:		Dad's Work
Place and Date of Birth (Day/Month/Year):		
Age at time of Registration:	Grade:	
School child attends:		
Name of Your Parish:		
Father's Last Name:	First Name:	Middle Name:
Mother's Maiden Name:	First Name:	Middle Name:
Marital status: Married / Separated / Divorced / Common-law / Single / Widowed		

**Child's Baptismal Information**

Baptized Catholic or Profession of Faith <input type="checkbox"/>	Name of church where Baptism/Profession of Faith took place:		
Date of Baptism/Profession of Faith:  Day      Month      Year	Address		
	City	Province/State Guayas	Country Ecuador
Certificate Attached <input type="checkbox"/>			

**Other Sacramental Information**

Received 1 <sup>st</sup> Communion <input type="checkbox"/>	Place & Year of Reception
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Does your child have any special needs of which we need to be aware in order to more fully include, provide for the safety of and/or adapt the sacramental program to your child? No  Yes  If yes, please explain:  
If yes, please explain:

Date of Registration \_\_\_\_\_ Registration fee  \$30