

# St. Mark's Parish

5552 Madigan Drive NE, Calgary, AB T2A 4P2 | 403.273.2266

## CONFIRMATION

**Child must be 12 years or older and in Grade 6 or above.**

*Pre-registrations accepted in the Parish office during office hours, please bring required certificates and payment.*

### CHILD'S FULL LEGAL NAME

(Last Name)	(Given Name)	(Gender   M/F)
(Date of Birth YYYY/MM/DD)	(Age at time of celebration)	(School) (Grade)
(Complete Home Address - Street, City, Postal Code)		

### Please attach a copy of the Child's Birth, Roman Catholic Baptismal & First Communion Certificates

<b>Baptism</b>	Date Received (YYYY/MM/DD)	(Church Name and Address)
<b>First Reconciliation</b>	Date Received (YYYY/MM/DD)	(Church Name and Address)
<b>First Holy Communion</b>	Date Received (YYYY/MM/DD)	(Church Name and Address)
(Please provide details of any special medical needs, learning or health concerns, e.g. allergy to wheat)		

### PARENTS/GUARDIAN INFORMATION

(Father's Full Name)	(Religion)	(Mother's Full Name including Maiden Name)	(Religion)
(Home Address, if different from Child's address)		(Home Address, if different from Child's address)	
(Home Phone)	(Home Phone)		
(Cell Phone)	(Cell Phone)		
(Work Phone)	(Work Phone)		
(Email address)	(Email address)		

Sponsor Name:

### OFFICE USE ONLY

Birth Certificate <input type="checkbox"/>	Baptism Certificate <input type="checkbox"/>	First Communion Certificate <input type="checkbox"/>
Registration Fee \$25.00 <input type="checkbox"/>	Cheques payable to: <b>St. Mark's Parish</b>	
	Method of Payment: Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	

Date Received:

Confirmation Book # \_\_\_\_ | Entry # \_\_\_\_ | Page # \_\_\_\_