

**BLESSED SACRAMENT, AMHERSTVIEW.**

**3 Briscoe Street, Amherstview. ON**

**613-389-2009 blesseddsacrament@archkingston.ca**

**CANDIDATE'S NAME:**

\_\_\_\_\_

**LAST NAME**

**MIDDLE NAMES**

**FIRST NAME**

**CONFIRMATION NAME:** \_\_\_\_\_ **SPONSOR:** \_\_\_\_\_

**CONFIRMATION REGISTRATION**

**PARENT CONTACT:** \_\_\_\_\_ **PERSONAL/FAMILY ADDRESS:** \_\_\_\_\_

**PERSONAL OR FAMILY PHONE NUMBER:** \_\_\_\_\_

**PERSONAL FAMILY EMAIL:** \_\_\_\_\_

**CANDIDATE'S DATE OF BIRTH:** \_\_\_\_\_

**(M/D/YEAR)**

**PARISH:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**BAPTISMAL CERTIFICATE ENCLOSED:** ( ) Baptismal certificate (PLEASE do not send an original copy).

**BLESSED SACRAMENT ( ) ST. LINUS ( )** If Baptized at Blessed Sacrament or St. Linus no need to enclose a copy of Baptismal certificate. Please provide year of Baptism only \_\_\_\_\_.

**NAME OF CANDIDATE'S PARENTS**

**MOTHER'S NAME:** \_\_\_\_\_

**SURNAME**

**MAIDEN NAME**

**FIRST NAME**

**FATHER'S NAME:** \_\_\_\_\_

**LAST NAME**

**FIRST NAME**

**TENTATIVE DATES (ALL IN 2025)**

**CONFIRMATION PREPARATION CLASSES ARE MANDATORY AND MUST BE ATTENDED BY PARENT AND CANDIDATE**

Dates: Sundays January 26, February 16, March 16, March 30<sup>th</sup>, May 4<sup>th</sup> and May 11<sup>th</sup>

Time: 10am to 11am

Venue: Blessed Sacrament Parish Hall

Cost: \$35 (includes workbook and Confirmation stole). Due: December 31, 2024.

**CONFESSIONS AND PRACTICES**

Friday, May 16<sup>TH</sup> 6pm at Blessed Sacrament Church

**SACRAMENTAL RECEPTION – TENTATIVE DATE: CONFIRMATION May 18<sup>th</sup> at 11am Mass**

**This Registration form, Baptismal Certificate (if required, see above for details) and \$35 must be returned by December 31, 2024 to Blessed Sacrament.**