

**HOLY FAMILY PARISH**

**SACRAMENTAL PREPARATION REGISTRATION FORM 2019 – 2020**

Family Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ (needed for the certificate)

Parent's Marital Status (circle applicable): Single/Married/Common Law/Separated

Child's Religion: \_\_\_\_\_ Guardian's Name(s):(if any) \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please indicate if your child has celebrated the following Sacraments:

Baptism Y / N Date: \_\_\_\_\_ Parish: \_\_\_\_\_

First Reconciliation Y / N Date: \_\_\_\_\_ Parish: \_\_\_\_\_

First Eucharist Y / N Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Confirmation Y / N Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Please indicate which Sacraments you wish your child to celebrate this year:

First Reconciliation  Confirmation  First Eucharist

If your child was not baptized in this parish, a **Baptism Certificate** is required.

Sacramental Preparation Fee is \$100. This includes the materials, certificates, bible and a family retreat for all Candidates.

Sacramental Preparation Fee paid: Cheque / Cash Date Rec'd: \_\_\_\_\_

Cheques are to be made payable to **Holy Family Parish**

**Parents/Guardian Statement of Commitment:**

I \_\_\_\_\_, request that my child \_\_\_\_\_, ,  
Parent/Guardians Name Child's Name  
participate in the Sacramental Preparation Program this year. I will encourage and support my child as he/she grows in faith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_