

# CONFIRMATION REGISTRATION FORM

2024-2025

Transfiguration of Our Lord Parish

45 Ludstone Drive, Etobicoke, ON M9R 2J2

Tel: 416-247-0513 Fax: 416-247-0292

translord45@gmail.com Transfigurationnet@archtoronto.org

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## PARISH INFORMATION

- 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 in the Parish
- I am a registered parishioner  I wish to register as a parishioner

## CANDIDATE INFORMATION

NAME OF SCHOOL		
CHILD'S FIRST NAME	CHILD'S MIDDLE NAME	CHILD'S LAST NAME
DATE OF BIRTH (DD/MMYYYY)		CITY/COUNTRY
DATE OF BAPTISM (DD/MM/YYYY)		CHURCH OF BAPTISM
ADDRESS OF CHURCH OF BAPTISM		

## PARENT INFORMATION

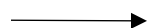
MOTHER'S FIRST NAME	MOTHER'S MIDDLE NAME	MOTHER'S LAST NAME	<u>AND</u>	MAIDEN NAME
RELIGION		PHONE NUMBER	<u>AND</u>	EMAIL ADDRESS
PRESENT ADDRESS (STREET, CITY, POSTAL CODE)				

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

FATHER'S FIRST NAME	FATHER'S MIDDLE NAME	FATHER'S LAST NAME		
RELIGION		PHONE NUMBER	<u>AND</u>	EMAIL ADDRESS
PRESENT ADDRESS (STREET, CITY, POSTAL CODE)				

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

See Over



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## ELIGIBILITY OF GODPARENT

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 in order 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

## GODPARENT'S INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH <u>AND</u> AGE	CURRENT PARISH, CITY, COUNTRY	
PRESENT ADDRESS (STREET, CITY, POSTAL CODE)		
PHONE NUMBER <u>AND</u> EMAIL ADDRESS		

FULFILLS THE REQUIREMENTS OF CANON 874.

## DECLARATION OF INTENT and ACKNOWLEDGEMENT OF COMMITMENT

As I prepare for the Sacrament of First Reconciliation and First Communion, I make the following agreement:

- I will participate in Sunday Mass at Transfiguration of Our Lord Church
- I will pray regularly, and I will attempt to show love and respect for others
- I, the undersigned, declare that the information on this form (Pages 1 and 2) is true and accurate.

## FOR OFFICE USE ONLY:

Registration received by \_\_\_\_\_

Date registration received by \_\_\_\_\_

### FEE PAID:

YES  NO  DEFERRED

\$ \_\_\_\_\_ cash / cheque \_\_\_\_\_

Confirmandi's Baptism Certificate Received:

YES  NO

Sponsor's Confirmation Certificate Received:

YES  NO