



**St. Patrick's Church**

107 Orkney St. E, Caledonia, ON N3W 1C4

Phone: (905) 765-2729 - Fax: (289) 757-3356

E-mail: [stpatschurch@rogers.com](mailto:stpatschurch@rogers.com) - Website: [www.stpatrickscaledonia.com](http://www.stpatrickscaledonia.com)

**September 3, 2019**

**Dear Parents and Guardians,**

**This year Confirmation will be Saturday November 30<sup>th</sup> 2019, at 10 am for Notre Dame School and 2 pm, for St. Patrick's School. There will be an Enrollment Ceremony for all students from St. Patrick's School on Sunday September 22<sup>nd</sup> at 10:30 am Mass and for all students from Notre Dame School on Sunday September 29<sup>th</sup> at 10:30 am Mass. There will be more information to follow.**

**I look forward to being a part of your Child's spiritual journey. Blessings to you and your children, I will keep you in my prayers.**

**God Bless**

**Fr. Jerome Mascarenhas, ocd**



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## CONFIRMATION

### 2019-2020 APPLICATION FORM

Return this completed form to the Church as soon as possible. We must receive it by September 20, so that we can properly prepare for Confirmation.

Enter in Register	_____
<b>OFFICE USE ONLY</b>	
APPLICATION Rec'd	_____
Baptism Certificate	_____
Fee	_____
Enter in Register	_____

(PLEASE PRINT)

CANDIDATE'S FULL NAME \_\_\_\_\_  
First name middle name family name

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_ RELIGION \_\_\_\_\_

ADDRESS: as above \_\_ OR

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MOTHER'S FULL NAME:  
(INCLUDING FAMILY NAME AT BIRTH): \_\_\_\_\_ RELIGION: \_\_\_\_\_

ADDRESS: AS ABOVE \_\_ OR

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PARENT CONTACT E-MAIL ADDRESS: \_\_\_\_\_

STUDENT CONTACT E-MAIL ADDRESS: \_\_\_\_\_

FEE OF \$20 \_\_\_\_\_ IS ENCLOSED

## **CANDIDATE'S BAPTISM INFORMATION**

DATE OF BAPTISM: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

### **CHURCH OF BAPTISM**

Name of the Church: \_\_\_\_\_

Address of the Church: \_\_\_\_\_

Unless the baptism was here at St. Patrick's Parish, please include a photocopy of the candidate's Baptism Certificate. If the certificate is printed in a language other than English, please provide a translation of the content of the Baptismal Certificate.

**BAPTISM CERTIFICATE:** \_\_\_ is from St. Patrick's Parish \_\_\_ is enclosed

If your child was baptized in a **church other than a Roman Catholic Church** or if your child has not been baptized, please contact St. Patrick's Parish for more information before completing this application.

### **CANDIDATE'S COMMITMENT**

**When I was younger, my parents presented me for Baptism. Now that I am approaching maturity, I present myself for Confirmation. I accept the responsibility to practice the faith, bearing witness to Christ Jesus our Lord in what I say and do. I agree to participate fully in the preparation program as outlined at the Confirmation Information meeting. I also commit to celebrating the Eucharist regularly with my parish community.**

**CANDIDATE'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **PARENTS' COMMITMENT**

**When we presented our child for Baptism, we accepted the responsibility of training him/her in the practice of the faith. We agreed to bring him/her up to keep God's commandments as Christ taught us, by loving God and our neighbour. We promised to see that the divine life which God gave our child was kept safe from the poison of sin, to grow always stronger in his/her heart. As the first teachers of our child in the ways of faith, we have tried to be the best of teachers, bearing witness to Christ Jesus our Lord in what we say and do.**

**Now that our child is approaching maturity, we support his/her request for Confirmation. We agree to participate fully in the preparation program as outlined at the Confirmation Information meeting. We also commit to celebrating the Eucharist with our child regularly with our parish community.**

**FATHER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MOTHER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

We understand that the information provided on this form is for the use of St. Patrick's Parish in providing pastoral care and will not be shared with any other organization.

**Sponsor's name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Return this completed form to the church as soon as possible.**