CONFIRMATION REGISTRATION FORM - 2024

Please return the completed form to the sacramental preparation meeting. If your Child was baptized elsewhere than in Notre-Dame-de-Lorette Parish, it is necessary to provide a photocopy of the Baptismal Certificate. Please attach the certificate with this form.

The parish requests a registration fee of \$50 per child (if more than one child - \$80 per family) to cover the cost of books and other expenses. Payment by cheque - payable to *Notre-Dame-de-Lorette Parish*, or cash, or Etransfer (info@notredamedelorette.info) *Please note on Etransfer that it is for Confirmation Registration Fee.*

CHILD'S INFORMATION

Child:		1		1		
	Family Name		First Name		Other Names	
Birth date:	1	1				
	Day	Month	Year			
Birth Place:						
		City		Province		
Baptism Date:	1	1		Certificate attached * □		
	Date	Month	Year			
Parish of Baptis	m:					
	Parish	Name	Address	City	Province	Postal Code
MINISTER of C	onfirmation:	Archbishop Alb	ert LeGatt		Bishop	
		Name of bishop	p/priest		Bishop/Pasto	r
Date of Confirmation: April 7, 2024			at _	at Notre-Dame-de-Lorette, Lorette		
Father:		<u>Pare</u> /	<u>NT INFORMAT</u>	<u> (•)N </u> /		
Father:	Family Name	/	First Name		Other Nam	
	r army rame		r not rtaine	,	ouror realin	
Mother:	Maiden Name		First Name	/	Other Nam	es
A 1.1			,		5 11.51 1 151.11	
Address:		Street		Box Number		
			1		1	
		City/Town	/	Province	1	Postal Code
Telephone:		,		,		
reiepriorie.	Home		Father Wo	ork/Cell	Mother Wo	ork/Cell
Email:			1			
Father		•	/	Motl	ner	
Parishioners of:			1		1	
T arisilioners or.		Name of Parish	, , , , , , , , , , , , , , , , , , ,	City	1	Province
		SPONS	DR'S INFORM <i>A</i>	ATION		
Name of Spons	or for Confirmation	n:				
Parishioner of:			1		1	
		Name of Parish		City	1	Province
*	*Please note: Th	e Sponsor must _l			mal certificate*	
FOR OFFICE	ONLY					

Baptism Register

ChurchWatch □

Notification sent

Confirmation Register