

Office Use ONLY:

□ Cert

□ Register

 $\square$  DRM

\$100.00 Cash Donation

☐ Date Received:

## OUR LADY OF PEACE PARISH

3914 Bloor St. West, Etobicoke, ON M9B 1L7 Phone: 416-239-1259, Fax: 416-239-1250

Email: <u>olpeace@archtoronto.org</u>
Website: <u>www.olpeace.archtoronto.org</u>

## CONFIRMATION 2026 REGISTRATION FORM

<u>Important!</u> This Form Will Only Be Accepted When Accompanied By A Copy (<u>Not</u> The Original)
Of Your Child's Baptismal Certificate, Even If The Child Was Baptized At Our Lady Of Peace.
(If There Has Been A Name Change Or Adoption Since Baptism, Please Provide Legal Documentation.)

\*\*\*\*Please Print Legibly \*\*\*\*

Child's Nome:				
Child's Name:First	Middle	Last	Last Name	
Date of Birth:(Day/Month/Year)	Place of Birth: City / Province / Country			
Home Address: Street A	ddraee	City/Town	Postal Code	
Street A	uuress	City/ Town	rostal Code	
Father's First & Last Name:				
Father's Fmail:	Father's Telephone Number:			
Tuttici 5 Elitati.	T utilet	5 refeptione number.		
Mother's First & Maiden Name:				
Mothor's Email:	Motho	r'e Talanhana Numbar:		
	ther's Email:Mother's Telephone Number:			
Do you require an accessible classroon	m due to special educatio	nal or mobility needs?	Yes / No	
Candidata's School			Crado	
Candidate's School:			Graue	
Church of Baptism:		Date of Baptism: _		
			(Day/Month/Year)	
<u>FULL</u> Address of Baptismal Church				
(#/Street/City/Province/Postal Code/Country)				
Sponsor's First and last Name:				
(Must be Baptised, confirmed, practising Roman Catholic, over the age of 16 and must attend the Confirmation Mass. Not a parent)				
As parent / legal guardian I give permission sacramental programs, to post my child's na registers of this parish, and if my child attend	ame and date of sacraments	on a parish bulletin board, to mai	ke records in the sacramenta	
Parent's Signature:	nature: Date:			
	Baptismal Certificate Attached			