



OUR LADY OF PEACE PARISH

3914 Bloor St. West, Etobicoke, ON M9B 1L7

Phone: 416-239-1259, Fax: 416-239-1250

Email: olpeace@archtoronto.org

Website: www.olpeace.archtoronto.org

CONFIRMATION 2027 REGISTRATION FORM

Important! This Form Will Only Be Accepted When Accompanied By A Copy (**Not 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**

Received

☐

Child's Name: _____
First Name Middle Last Name

Date of Birth: _____ Place of Birth: _____
(Day/month/YY) City / Province / Country

Home Address: _____
Street Address City/Town Postal Code

Father's First & Last Name: _____

Father's Email: _____ Father's Telephone Number: _____

Mother's First & Maiden Name: _____

Mother's Email: _____ Mother's Telephone Number: _____

Do you require an accessible classroom due to special educational or mobility needs? Yes / No

Candidate's School: _____ Grade: _____

Church of Baptism: _____ Date of Baptism: _____
(Day/month/YY)

FULL 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)

***MASS: 17th April 2027** ☐

***MASS: 24th April 2027** ☐

As parent / legal guardian I give permission for the information gathered on this form to be used in the administration of the parish's sacramental programs, to post my child's name and date of sacraments on a parish bulletin board, to make records in the sacramental registers of this parish, and if my child attends a parish school, to inform the school of the date of the child's reception of the sacraments.

***Please select one of the two dates. Dates are first-come, first-served and not guaranteed. Thank you**

Date _____ Parent's Signature: _____

Office Use ONLY: ☐ Cert ☐ Register ☐ DRM \$100.00 Cash Donation ☐ Date Received: _____