

St. Patrick Catholic Church

Pastor: Fr. Marek Pisarek OMI
5206-52nd Street Yellowknife, NT X1A 1T9
Tel: (867)873-4880
Website: www.stpatschurch.com

Sacramental Preparation Form: Confirmation

Child's Given Names (Please print clearly)

First Name	Middle Name(s)	Last Name
Male _____ Female _____		
Date of Birth: D/ _____ M/ _____ Y/ _____		
Date of Baptism: _____	Place of Baptism: _____	
	Church	Province
Date of 1st Communion: _____	Place of 1st Communion: _____	

Parent Information:

Father's name:

(First) _____ (Middle) _____ (Last) _____ Religion _____

Address: _____ City: _____ X1A _____

Tel: (Home) _____ (Work) _____ (Cell) _____

Mother's name:

(First) _____ (Middle) _____ (Maiden) _____ Religion _____

(Surname being used) _____

Address: _____ City: _____ X1A _____

Tel: (Home) _____ Work) _____ (Cell) _____

Email address: _____

Child lives with: Both parents _____ One parent _____ Other _____

School child attending: _____ Grade: _____

Are you registered with St. Patrick Parish? ___yes ___no

Parent Signatures: _____ & _____

For office use only: Baptismal Cert. _____ 1st Communion Cert. _____

Certificate Prepared _____ Entered into Church Register _____

Notes: _____

