


St. Alphonsus Roman Catholic Church

341 Munroe Avenue, Winnipeg MB R2K 1H2

contactstals@gmail.com www.stalphonsuswinnipeg.ca T. 204.667.9580

Confirmation Registration: Candidate (Child) Information

Surname _____ Given Name(s) _____ Grade _____

Current Address _____

Birth: Date (yr ____, mm ____ dd ____) City _____ Country _____

Baptism: Date (yr ____, mm ____ dd ____) City _____ Country _____

Name of Church _____ Diocese _____

 Child was baptized **(check one)** Roman Catholic _____ Ukrainian Catholic _____ Other _____

If "Other", please describe _____

 Candidate attends **(check one)** St. Al's Catechism _____ St. Al's School _____ Other _____

If "Other", please describe _____

On occasion the children may be offered snacks or treats. Allergies/Health Concerns: _____

Sponsor Information

Maiden Name _____ Surname _____ Given Name _____

Mailing Address _____ Postal Code _____

Email _____ Church of Attendance _____

A Sponsor must fulfill the following criteria:

Baptized Roman or Ukrainian Catholic _____ 16 + years of age _____ Practicing Catholic _____

Photo Release:

Yes, I understand photos of myself and/or my child may be used in parish media _____

No, photos of myself and/or my child may not be used in parish media _____

Please note: Group photos taken during parish events may be used in the parish bulletin and on school/parish social media. If you are not comfortable with your child appearing in group photos, please ensure your child steps out of the group photo on the day of the event. Thank you.

Parent/Guardian Name _____ Signature _____

Confirmation Registration: Family & Contact Information**Birth Father:** Surname _____ Given Name(s) _____

Address _____ Postal Code _____

Phone # _____ Alt. # _____ Email _____

Baptized: Roman Cath. ____ Ukrainian Cath. ____ Other ____ Church of Attendance _____

Spouse: Maiden Name _____ Given Name _____

Birth Mother:

Maiden _____ Given Name(s) _____ Surname _____

Address _____ Postal Code _____

Phone # _____ Alt. # _____ Email _____

Baptized: Roman Cath. ____ Ukrainian Cath. ____ Other ____ Church of Attendance _____

Legal Guardian:

Surname _____ Given Name(s) _____

Address _____ Postal Code _____

Phone # _____ Alt. # _____ Email _____

Please send all correspondence to Father ____ Mother ____ Legal Guardian ____

Your registration is not complete without a

- Photocopy of your child's birth certificate _____
- Photocopy of your child's baptism certificate _____

Please ensure all contact information especially email is filled out correctly as this is the primary form of contact. If this will be a problem for you, please state an alternate method of communication.

Payment Information: \$75.**Payable by cash or cheque (to St Alphonsus Church)**

Office Use: Date _____ Received by _____ Amount _____

Chq # _____ Cash _____ Notes: _____