



**Latin Mass Chaplaincy – Canberra
Priestly Fraternity of St Peter
Confirmation Registration Form**

INFORMATION

Candidate's Name:

First	Middle	Last
-------	--------	------

Date of Birth: _____ Place of Birth: _____ Age: _____

Date of Baptism: _____ Place of Baptism: _____

Confirmation Classes completed? : YES NO Reason: _____

PARENTS' INFORMATION

Father's Full Name: _____

Mother Full Maiden Name: _____

Home Address: _____

Telephone: _____

Email: _____

SPONSOR'S INFORMATION

Sponsor's full name: _____

Sponsor's full name: _____

CEREMONIES DETAILS

Confirmation Name: _____ Date of Confirmation: _____

Place of Confirmation: _____

Office Use Only

Baptised by: _____

Certificate Issued: _____

Sacrament Registered: _____