



535 8th Street East
Saskatoon, Saskatchewan
SAINT JOSEPH'S PARISH S7H 0P9

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Registration for Sacramental Prep - CONFIRMATION

Year: 20..... - 20.....



[Please print clearly]

**Please
indicate the
numbers of
people
attending the
celebration
from your
family:**

Child's name: _____
First name Middle Surname

Age: _____ Date of Birth: _____

School: _____ Grade: _____

Mother's name: _____ Religious Denomination: _____
First name Maiden name

Father's name: _____ Religious Denomination: _____
First name Surname

Address: _____ Postal Code: _____

Phone: H: _____ W: _____ C: _____

Email: _____

Child's Parish of Baptism: _____ City/Province: _____

Date of Baptism (DD/MMM/YYYY): _____

Are you registered at St. Joseph Parish Saskatoon? Yes _____ No _____

If no, present parish: _____

**A copy of your child's Baptism certificate is required at the first class.
Fees for materials can also be paid at the first class.**

Office use only:

Baptism cert recd _____ Fee paid (cheque or cash) _____ Book received _____