

# Sacramental Registration Form

## SACRAMENT OF CONFIRMATION

SY 2025-2026

*St. Paul the Apostle Church  
2265 Heaton Road, Burlington L7M 4E2*

Please complete and return this form (*both sides*) and attach a COPY of your child's Catholic Baptism Certificate to the form. The parish requires a copy of the Baptism Certificate in order to process the registration. If you have misplaced the Baptism certificate, you need to contact the church of Baptism and request a new record of Baptism to submit your forms.

Completed Registration Forms must be submitted to the parish  
on either of the following dates:

**DROP-IN SACRAMENTAL REGISTRATION DATES:**

*October 1, 2025, between 5PM - 7PM; or  
October 4, 2025, between 10:30AM - 12PM*

CHILD'S NAME\*: \_\_\_\_\_  
(First) (Middle) (Last)

*\*As it appears on the Baptism Certificate.*

SCHOOL PRESENTLY ATTENDING:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Canadian Martyrs      | <input type="checkbox"/> St. Anne        | <input type="checkbox"/> St. Elizabeth Seton |
| <input type="checkbox"/> Sacred Heart of Jesus | <input type="checkbox"/> St. Christopher | <input type="checkbox"/> St. Timothy         |

CLASSROOM TEACHER: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**REQUIRED DOCUMENTS NEEDED  
AT SACRAMENTAL REGISTRATION:**

- ☐ Completed Registration Form
- ☐ Photocopy of your child's Baptism Certificate
- ☐ Translation of Child's Baptismal Certificate (if in another language)

### CHILD'S PERSONAL INFORMATION

Child's Name \_\_\_\_\_  
(First) (Middle) (Last)

Child's Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

City & Country of Birth: \_\_\_\_\_

Father's Name (Christian and Surname): \_\_\_\_\_

Mother's Name (Christian & Maiden Surname): \_\_\_\_\_

Family Address: \_\_\_\_\_  
(No. & Street Name) (City & Postal Code)

Father's Phone: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

### BAPTISM & EUCHARIST INFORMATION

Date of Baptism: \_\_\_\_\_  
(Month/Day/Year)

Name of Church of Baptism: \_\_\_\_\_

City, Province & Country of Baptism: \_\_\_\_\_

Email Address of Church of Baptism: \_\_\_\_\_

Denomination/Religion of Church of Baptism: \_\_\_\_\_

Has your child received the Sacrament of First Communion?

☐ Yes

☐ No

If Yes, please indicate name & city/country of the church/parish where First Communion was received: \_\_\_\_\_

☐ Baptism Certificate Enclosed - **MANDATORY**

*If you provide a Baptism Certificate in another language, please provide an English translation in addition to the copy of the original certificate. There is no need for a notarized translation.*