



St. Ann's Roman Catholic Church

120 Sherman Avenue North
Hamilton, Ontario L8L 6M6

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Email: stannparish@cogeco.ca

Website: www.stannhamilton.church Social media: facebook.com/stannshamilton

REGISTRATION FORM FOR CONFIRMATION

Student's Name:

Given Name

Middle Name

Family Name

Complete Mailing Address:

Unit/Apartment # - House/Building #

Street

City

Postal Code

Phone Number:

Email Address:

Date of Birth:

Place of Birth:

Day / Month / Year

City / Town

Date of Baptism:

Church of Baptism: *Please attach a copy of the certificate!*

Day / Month / Year

Name of Church

City / Town

Father:

Father's First Name

Family Name

Religion

Mother:

Mother's First Name

Family Surname (BEFORE marriage)

Religion

Name of student's School:

Grade:

Name of Church you are registered at:

Name of Catholic Sponsor:

Name of Patron Saint chosen:

OFFICE USE ONLY

Date Received: _____

Baptismal Copy Attached: ()

Baptismal Information Verified: ()

Certificate: () **Notification to baptismal parish sent:** ()

NOTES: _____