

St. Lawrence Martyr Parish
2210 Lawrence Ave East, Scarborough, ON M1P 2P9
Phone: 416-759-9359 Fax: 416-759-6725

Email: slmsacraments@gmail.com Website: stlawrencemartyr.archtoronto.org

Confirmation Registration Form

TIEMS DUE AT TIME OF REGISTRATION ARE: □ A completed Registration Form □ Copy of Baptismal Certificate □ Registration fee of \$50.00	
CANDIDATE PERSONAL INFORMATION	
Last Name	
Name	
First	Middle
Date of Birth	Place of Birth
(month/day/year)	
	Gender Male Female
Height for Gown (Check one) □ 4'3"-4'5" □ 4'5"-4'8"	□ 4′9″-5′1″ □ 5′2″-5′4″ □ 5′5″-5′7″ □ 5′8″-5′11″ □ 6′-up
Baptized in Catholic Church □ Yes □ No	Have you received First Communion ☐ Yes ☐ No
Name of Church Baptized	
Date of Baptism	
(month/day/year)	
SCHOOL INFORMATION	
Other	Grade
Teacher's Name	
FAMILY INFORMATION	
Father's Full name	
Roman Catholic Yes No	
Mother's Maiden Name	
Roman Catholic □ Yes □ No	
Address (in Full)	
Home Phone	Cell
PARENT EMAIL	

(Please write legibly)