

Flocknote:  
Yes  
No

Payment:  
Cash  
Cheque  
E-Transfer

## Confirmation Form – Appendix 611A

**A copy of the Baptism Certificate is required at the time of registration.**

*Correct spelling of all names is very important – please print legibly.*

**Name of Candidate:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

**Birth Date:**

\_\_\_\_\_  
Date (dd/mmm/yy)

**Place of Birth:**

\_\_\_\_\_  
(City, Province/State, Country)

**Sex:** M ☐ F ☐

**Baptism Date:**

\_\_\_\_\_  
Date (dd/mmm/yy)

**Place of Baptism:**

\_\_\_\_\_  
(Parish)

**Copy of BC:** ☐

**Father:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Given Name(s)

\_\_\_\_\_  
Religion

**Mother:**

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Given Name(s)

\_\_\_\_\_  
Religion

**Home Address:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
PC

### Contact Information

**Self:**

\_\_\_\_\_  
Home

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Email

**Mother/Father:**

(if a child)

\_\_\_\_\_  
Home

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Email

**Name of School:**

(if a child)

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Grade

**Was the person baptized in an Eastern Catholic Church?**

Yes ☐

No ☐

If yes, Confirmation was conferred at the time of Baptism, **the Sacrament of Confirmation is not repeated**

**Was the person baptized in the Orthodox Church?**

Yes ☐

No ☐

If yes, the person making a Profession of Faith is ascribed to the corresponding Eastern Church *sui iuris* within the Catholic Church and Confirmation was conferred at the time of Baptism, **the Sacrament of Confirmation is not repeated**

**Was the person baptized in another Christian ecclesial community?**

Yes ☐

No ☐

**If yes:**

\_\_\_\_\_  
Denomination

When making a Profession of Faith, the person is received into the Roman Catholic Church.

**Has the person received First Reconciliation?**

Yes ☐

No ☐

**Has the person received First Holy Eucharist?**

Yes ☐

No ☐



The Catholic  
Archdiocese  
of Edmonton

## SPONSOR

It is desirable that the sponsor chosen be one who undertook this role at baptism (c.893 §2).

One sponsor, male or female, is sufficient. (cf. c.873) but there may be two, one of each sex (c.873).

The sponsor **must NOT** be either the father or the mother of the one to be confirmed (c.874 §1,5 ).

The sponsor **must** have received the sacraments of Baptism, Confirmation, and Eucharist, be a practicing Catholic, and be at least 16 years of age. (c.874).

### First Sponsor

Last Name

Male ☐

Female ☐

First Name(s)

Testimonial of Suitability by Parent(s) ☐  
(if a child)

### Second Sponsor (Optional)

Last Name

Male ☐

Female ☐

First Name(s)

Testimonial of Suitability by Parent(s) ☐  
(if a child)

### Permission of Parent for a child under the age of 14:

☐ to make a Profession of Faith

Father's Signature

Mother's Signature

### For Parish Office Use Only

#### Proposed Date of Confirmation:

(dd/mmm/yy)

#### Proposed Place of Confirmation:

#### To be conferred by:

☐ Permission to confer the Sacrament of Confirmation granted on \_\_\_\_\_ to:  
(dd/mmm/yy)

by

Name of Priest

Archbishop / Delegate

Received by: Initials

## PIPA Registration and Participation Form – Appendix 907B

As a provincially incorporated body, The Catholic Archdiocese of Edmonton is required to act in accordance with the **Personal Information and Protection of Privacy Act (PIPA)** which establishes the standards as to the collection, use and disclosure of personal information including but not limited to photographs, digital images, videos or audio recordings.

Parishes in the Archdiocese take pride in celebrating and displaying the work and the gifts of their members. Activities in which personal information may be collected, used and disclosed include but are not limited to sacramental celebrations, social events, catechism classes and rallies or other gatherings.

A child's personal information may be collected at such an activity or event. When a child is not specifically interviewed or identified by name, the personal information may be used and disclosed on but not limited to a website, a church-related publication or church premises.

In the event that a child is specifically interviewed or identified by name, consent provided by the **Participant Consent Form and Release** is also required in order to collect, use and disclose personal information on, but not limited to, a website, church premises, radio, television, or in another publication.

Your consent is required in order to use, collect and disclose your child's personal information. This consent is valid as long as your child remains in the program in question; e.g. year after year in the case of catechism classes, a shorter time for First Communion preparation and celebration.

Written notification to the parish or Archdiocese is required should you wish to revoke, modify, or change your consent. In the event that you do not provide consent, it is your duty to keep your child away from any activity where personal information may be collected, used and disclosed.

I, \_\_\_\_\_ (parent/guardian), hereby consent to the collection, use and disclosure of the personal information \_\_\_\_\_ (child's name).

Specifically, I understand that our local Catholic school may request sacramental information regarding my child's celebrations of First Eucharist and Confirmation, in order to accompany my child on the faith journey.

I consent to the parish disclosing sacramental information about my child to the Catholic school my child attends, upon the school's request.

**I do not** consent to the parish disclosing sacramental information about my child to the Catholic school my child attends.

Specifically, I understand that the parish may appoint an official photographer for celebrations of First Eucharist and Confirmation, in order to reduce distractions from the reverence of the celebration.

I consent to the sharing of these digital photos, which may include my child, with other parents.

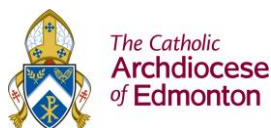
**I do not** consent to the sharing of any digital photos of my child with other parents.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### Privacy Officer

The officially designated Privacy Officer for The Catholic Archdiocese of Edmonton, its parishes and institutions is the Chief Communications Officer, who may be contacted at 780-469-1010 if you have further questions.



# Freedom of Information and Protection of Privacy (FOIP)

Hello Parents/Guardians of Confirmation Candidates,

In order to involve our whole church community in the Confirmation of our candidates, we would like to prepare a display to be posted in the church. In this way, the preparation towards this monumental event can then be celebrated by and involve our whole community.

A picture of each candidate will be placed in the display so that the church members can offer up prayers for your child.

In order to place your child's photo in the display, we must have your permission.

Please return the completed form with your registration.

Thank you,

Jeri Wilson

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☐ **YES**, a picture may be taken of my child and posted in the church in a display or on a prayer card with his/her name.

☐ **NO**, I do not want my child's picture taken and posted in the church in a display or on a prayer card with his/her name.

☐ **YES**, I consent to the sharing of these digital photos, which may include my child, with other parents.

☐ **NO**, I do not consent to the sharing of any digital photos of my child with other parents.

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Printed Name of Candidate

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Printed Name of Parent

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Signature of Parent/Guardian

# Confirmation Retreat Registration Form

## Release of Liability and Waiver Form

Holy Trinity Parish's Confirmation Retreats are geared toward children in grade 6 and up who are preparing for the sacrament of Confirmation. Children will be participating in games and activities as well as large group discussions.

If you have any questions please contact Jeri Wilson at 780-960-0135 ext. 112 or e-mail [httpsacraments@gmail.com](mailto:httpsacraments@gmail.com). This form must be completed in order for your child to participate in the retreats.

Participants Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

I request that my son/daughter, \_\_\_\_\_ be permitted to participate in the Holy Trinity Parish Confirmation Retreat on **May 23, 2026**. I understand that this program includes activities, physical games, and youth led discussions.

If a medical emergency involving my child/youth should arise during the event, I understand that I will be contacted as soon as reasonably possible, and I authorize the parish, and its staff and volunteers to obtain medical treatment for my child/youth.

I understand that if my child/youth requires medication, the prescription medication will be in original containers and securely stored with the approved group leader. The medication will be self-administered by my child/youth or by me – staff and volunteers will not apply or dispense medication.

In consideration of my child/youth being permitted to attend the event, I, on behalf of myself, my child/youth, and our respective heirs, executors, administrators, and assigns, do hereby release Holy Trinity Catholic Church, and its staff and volunteers participating at the event (collectively, the "Releasees"), from any claims, demands, or actions arising out of any loss, injury, or damage to my child's/youth's person or property at the event, notwithstanding that any such loss, injury, or damage may have arisen by reason of the negligence of the Releasees.

I understand that Holy Trinity Catholic Church may take photographs, video recordings, and audio recordings of the participants at the event, including my child/youth, and I authorize the parish to do so. I further authorize the parish to use or publish any such images or recordings in its sole discretion.

I understand that my child/youth shall be required to abide by all the rules of the event, which will be provided to him/her, and that my child's/youth's failure to follow these rules may result in my child's/youth's immediate dismissal from the event at my expense.

Parent/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Treatment for condition \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list them \_\_\_\_\_

Treatment for allergies \_\_\_\_\_

Please list medication your child is bringing \_\_\_\_\_

*\*Written instructions must be given to the leader by the parent/guardian for EpiPens and asthma puffers as participants may be required to carry these on their person. Participants requiring medication or EpiPens must complete subsequent forms and return them to the office.*