

**MARGAREE FAMILY OF CATHOLIC CHURCHES  
ST. JOSEPH, ST. MICHAEL & ST. PATRICK**

**Confirmation Preparation Program  
Registration Form**

**Candidate Information (Please Print)**

Last Name	First Name	Second Name
Parents/Guardians		Mother's Maiden Name
If candidate resides with someone other than the parent/guardian listed above, please indicate here:		
Address		Town
Postal Code	Home Phone Number	
Date of Birth	Place of Birth	
School	Grade	

The best way to contact me is:

Email

Email Address: \_\_\_\_\_

Text Message

Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

**Sacraments**

Were you baptized?             Yes             No

If yes, Location of baptism (parish name and city/town): \_\_\_\_\_

Approximate date of baptism: \_\_\_\_\_

Have you celebrated First Eucharist (First Communion)?             Yes             No  
Where?

Have you celebrated First Reconciliation (First Confession)?             Yes             No  
Where?

If you are able to volunteer with Religious Education, please contact Cecile Miller 902-248-2305 or email [ccl.mllr@gmail.com](mailto:ccl.mllr@gmail.com)