St. Margaret's Parish

Midland, Ontario
705 526 6313 stmargaretsmi@archtoronto.org

REGISTRATION FORM FOR
RITE OF CHRISTIAN INITIATION OF YOUTH

Name:
_____
(First Middle Last)

Address: _____

_____

Phone: _____

Email: _____

Date of Birth: _____

Place of Birth: _____

Have you been baptized? ☐ Yes ☐ No Religion: _____
(If you have been baptized, please attach a copy of your baptismal certificate to your completed form.)

Father's Name: _____

Mother's Name: _____

Sponsor's Name: _____

Church's Name and Address Where Sponsors Attend:

_____

_____ _____

_____ _____

Signature of Parent Signature of Candidate