

CATHEDRAL OF OUR LADY OF THE HOLY ROSARY

646 Richards Street, Vancouver, BC V6B 3A3

Phone (604) 682 6774 Fax (604) 331 8406 office@vancouvercathedral.org

ADULT CONFIRMATION REGISTRATION

	Please print clea	arly						
Last Name:								
First Name:								
Address/City:				Postal	Code:			
Email:		Phone:						
Date of Birth: DD/MM/YY		Place of b	oirth:					
Baptism	Date:	Church:						
1st Communion	Date:	Church:						
Marriage	Date:	Church:						
	*Certificates for the above mu	st be submitted	ł					
If engaged to be ma	arried							
Name of Fiancé:								
Address:		Phone:						
My Parish is:	Name:	City:						
My Sponsor is:	Name:							
	Parish:	City:						
Registrant's Signati		Da	te:		/	/		