



St. Charles Garnier Parish

3645 Benvoulin Road. Kelowna, BC. V1W 4M7

Sacrament Form

Name of Father (First & Last): _____

Name of Mother (First & Last): _____

Mother's Maiden Name: _____

Mailing address: _____

E-mail (required for communication): _____

Home phone number: _____ Cel number: _____

Which church are you registered at/do you presently attend? _____

Offertory Envelope #: _____

Which Sacrament (s): _____

Student Name: _____ M/F

Confirmation Name: _____

Date of birth (M/D/Y): _____ Current School: _____

Health Issues (i.e. allergies, special needs): _____

Student Name: _____ M/F

Confirmation Name: _____

Date of birth (M/D/Y): _____ Current School: _____

Health Issues (i.e. allergies, special needs): _____

Fee \$ 75.00 per child to cover the cost of all materials.

Fee \$ 30.00 per child for St. Joseph students.

Baptized at: (Church, city, month, day, year) _____

****We require a copy of their Baptismal Certificate attached to this registration form if you did not submit already - For the Bishop's records.**

1. If your child/ren have missed any Sacraments or Grades of Religious Education we need to know which ones and for what reasons.
2. Any other helpful info we should know about your child/Family - Please write on the back if needed.

Date (M/D/Y): _____ Signature: _____