ST. CLARE Roman Catholic Church

Church Address: 1118 St. Clair Ave. W., Toronto, ON
Office Address: 133 Westmount Ave., Toronto, ON M6E 3M6 Phone: 416-654-7087
Email: stclaresto@archtoronto.org Website: stclaresto.archtoronto.org

CONFIRMATION PARENT PACKAGE

Dear Parents/Guardians,

Peace be with you.

The preparation and celebration of the Sacrament of Confirmation is not part of the Catholic School. It is a spiritual journey within the Catholic Church. Therefore, it should be celebrated at the parish where you attend regularly and within the community where your child is being raised.

As the primary educators in faith, your role as parents is essential in supporting your child's spiritual formation. We encourage you to actively participate in this sacramental journey together.

Please review and complete all required forms included in this package. Registration will open on **September 14, 2026**, and all necessary documentation must be submitted no later than **October 2, 2026**.

We look forward to supporting you and your child throughout this meaningful and grace-filled process.

Yours in Christ,

Rev. Mariusz Wilk
Pastor

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REQUIREMENTS CHECKLIST

*Please note that the office **will not** accept **partial** paperwork. All requirements listed below must be received, at the same time, for your child to be enrolled in the Confirmation program. Thank you.*

- ☐ Registration Form
- ☐ $100 Fee (Cash or Cheque ONLY)
- ☐ Baptismal Certificate *(Note: if your child is not baptized, please speak with Fr. Mariusz)*
- ☐ Sponsors' Confirmation Certificate
- ☐ Photography permission (Media Release Form)
- ☐ Commitment Letter

Note: Children who have been baptized in the Orthodox Church, will need to contact the parish office and speak with Fr. Mariusz.

SACRAMENTAL INFORMATION

- ☐ Sacraments are parish celebrations, **not** school events
- ☐ Attendance at **Parent Information Night on October 21, 2026**
- ☐ Regular Sunday Mass attendance with your child
- ☐ Complete the homework assigned after each class
- ☐ Class attendance, as per class schedule attached

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CANDIDATE COMMITMENT

Acts 2:1-4

"When the day of Pentecost came, they were all together in one place. Suddenly a sound like the blowing of a violent wind came from heaven and filled the whole house where they were sitting. They saw what seemed to be tongues of fire that separated and came to rest on each of them. All of them were filled with the Holy Spirit and began to speak in other tongues as the Spirit enabled them".

"As someone who has been baptized in the Catholic faith, I am now preparing to receive the Sacrament of Confirmation. Through this sacrament, I will be more fully united with the Church and empowered by the Holy Spirit to live out my faith and bear witness to Christ in my daily life."

As a candidate for Confirmation, I promise the following:

- I will approach my Confirmation journey with an open mind and heart.
- I will attend and will participate in all class sessions.
- I will be respectful the leaders and show appreciation for their time and effort.
- I will show respect to those in my class who are on the journey with me.
- I will attend Mass every Sunday and on all holy days of obligation.
- I will receive the Sacrament of Reconciliation before my Confirmation.

With the guidance of the Holy Spirit and to the best of my ability, I will strive to remain faithful to this commitment. I entrust myself to the loving care of the Father, the Son, and the Holy Spirit, asking for their strength and support in fulfilling it

Name of Candidate (Print)	Signature of Candidate	Date

Signature of Parent/Legal Guardian #1	Signature of Parent/Legal Guardian #2

Confirmation Registration Form

Please complete this form and return it to the parish
(PLEASE PRINT)

Parish Information

Name of Parish: _____ City: _____

☐ I currently live within the territorial boundaries of the parish.

☐ I currently **do not** live within the territorial boundaries of the parish, but I am formally registered at the parish.

Child's Information

Full legal name of child:

_____
First Name Middle Name(s) Last Name

☐ Male ☐ Female Date of Birth: _____ City of Birth: _____

Church of Baptism: _____ Date of Baptism: _____

Address of Baptismal Church: _____

_____

Parent's Information

Mother (Full legal name & Maiden Name):

_____
First Name Middle Name(s) Last Name (Maiden Name)

Religion: ☐ Roman Catholic Other: _____ ☐ None

Present Address: _____
Street City Postal Code

Phone: _____ Email: _____

☐ I am a parent of, or have legal custody of the child.

Father (Full legal name):

_____
First Name Middle Name(s) Last Name

Religion: ☐ Roman Catholic Other: _____ ☐ None

Present Address: ☐ Same as mother's

_____
Street City Postal Code

Phone: _____ Email: _____

☐ I am a parent of, or have legal custody of the child.

Eligibility of Godparent

Canon 892 Insofar as possible, there is to be a godparent for the person to be confirmed; the godparent is to take care that the confirmed person behaves as a true witness of Christ and faithfully fulfills the obligations inherent in this sacrament.

Canon 893 §1. To perform the function of godparent, a person must fulfill the conditions mentioned in canon 874 §1 *(see below)*.

The following are the requirements in order for a Catholic to be a godparent (canon 874 §1):

- at least 16 years of age
- he/she has been fully initiated in the Catholic Church (received Baptism, Holy Communion, and Confirmation)
- in good standing with the Catholic Church: live a life of faith which befits the role to be undertaken; not under canonical penalty
- not the father or mother of the one to be confirmed

Godparent's Information

Godparent (Full legal name): _____ Age: _____
First Name Middle Name(s) Last Name

Current Parish: _____ City: _____

Present Address: _____
Street City Postal Code

Phone: _____ Email: _____

☐ Fulfills the requirements of canon 874.

Declaration

I, the undersigned, declare that the information on this form (Pages 1 & 2) is true and accurate.

Name (PLEASE PRINT): _____

Signature: _____ Date: _____

Archdiocese of Toronto

Catholic Pastoral Centre
1155 Yonge Street
Toronto, Ontario M4T 1W2
T 416.934.0606
www.archtoronto.org

Media Release Form

(this form must be signed by parent/guardian if participant is under 18 years of age)

I, the undersigned, do hereby consent to have photographs/video taken of me for use in any publicity material produced electronically or in print for the Archdiocese of Toronto or any of its agencies and/or partners.

The undersigned authorizes the photographer/production company to make reproductions of the photograph(s) to be used at the full discretion of the Archdiocese of Toronto or any of its agencies and/or partners.

The undersigned releases and forever discharges the Archdiocese of Toronto, any of its agencies, and the photographer/production company against all actions and claims.

_____

PARTICIPANT'S NAME (PLEASE PRINT)

_____

PARTICIPANT/GUARDIAN SIGNATURE

_____

DATE