

Profession of Faith Certificate (Adult) Template — Appendix 826A

PROFESSION OF FAITH

This is to Certify

That

Given Name(s)

Last Name

Child Of

Father: Given Name(s)

Last Name

and

Mother: Given Name(s)

Maiden Name

Born in

City/Town

Province

Country

on

Date (dd/mmm/yy)

Baptized at

Church Name

Denomination

in

City/Town

Province

Country

on

Date (dd/mmm/yy)

MADE A SOLEMN PROFESSION OF FAITH IN THE ROMAN CATHOLIC CHURCH

on

Date (dd/mmm/yy)

at

Church Name

Roman Catholic Church

in the presence of

Archbishop / Priest

and

Sponsor: Given Name(s)

Last Name

and

Sponsor: Given Name(s)

Last Name

AND WAS ADMITTED TO THE SACRAMENTS OF CONFIRMATION AND HOLY EUCHARIST IN THE ROMAN CATHOLIC CHURCH

AS RECORDED IN THE BAPTISMAL REGISTER OF THIS CHURCH

Date (dd/mmm/yy)

Pastor's Signature

SEAL

Pastor's Name (printed)

Parish Name

Street Address

City/Town

Province

Postal
Code

See reverse for notations



The Catholic
Archdiocese
of Edmonton

Notations

Marriage:

Holy Orders:

Religious Profession:

