

Immaculate Conception Parish

300 ANSLEY GROVE RD., WOODBRIDGE, ONT. L4L 3W4
TELEPHONE: (905) 856-2205 FAX: (905) 850-5589

2017 Communion Registration Form

Information on this form is held in confidence and is not shared without your permission.

Registration Date: _____

Fee: \$50

I. PERSONAL INFORMATION

Full Legal Name as it Appears on the Baptism Certificate:

Last Name	First Name	Middle Name
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Date of Birth: _____ Age: _____ Male Female

Father's Name: _____ Religion: _____

Last Name	First Name
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Mother's Name: _____ Religion: _____

Maiden Name	First Name
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Name of School: _____ Grade (in September 2016): _____

II. CONTACT INFORMATION

Full Address	City	Postal Code
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Home Phone: _____ Cell Phone: _____ E-mail: _____

III. RELIGIOUS HISTORY

*****Please note that a copy of the Baptismal Certificate is required at the time of registration*****

Date of Baptism: _____

Church of Baptism: _____

Rite/Denomination: Roman Catholic Other _____

Address of the Church of Baptism: _____

Signature of Parent/Guardian