

Immaculate Conception Parish

300 ANSLEY GROVE RD., WOODBRIDGE, ONTARIO L4L 3W4

TELEPHONE: 905 856-2205 FAX: 905 850-5589

2017 Confirmation Registration Form

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

Registration Date: _____

Fee: \$60

I. PERSONAL INFORMATION

Full Name as it Appears on the Baptism Certificate

Last Name First Name Middle Name

Date of Birth: _____ Age: _____ Male Female

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

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

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

II. CONTACT INFORMATION

Full Address City Postal Code

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: _____

Address of the Church of Baptism: _____

Rite/Denomination: Roman Catholic Other _____

Please indicate the Sacraments already received: Baptism First Communion

IV. PARENT/CANDIDATE/PRIEST MEETING DATE

Please select one of the following dates to meet with the Pastor

Wednesday, September 28, 2016 at 5:30pm Wednesday, October 5 2016 at 5:30pm

Signature of Parent/Guardian

Registration number: _____

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VI. SPONSOR REGISTRATION FORM

Name of Candidate: _____

Date of Confirmation: _____

Sponsor's are required to be Catholic, over the age of 16, must have been confirmed and received the Blessed Eucharist, and live a life of faith which befits the role to be undertaken.

Therefore, a copy of the Sponsor's Certificate of Confirmation is required to accompany this completed registration form.

Sponsor: M F

Last Name: _____ Given Name(s): _____

Full Address: _____

Date of Confirmation: _____

Church of Confirmation: _____

Signature of Parent/Guardian