

**Immaculate Conception Parish**  
300 ANSLEY GROVE RD., WOODBRIDGE, ONTARIO L4L 3W4  
TELEPHONE: 905 856-2205 FAX: 905 850-5589

**2019 Confirmation Registration Form**

*Please print.*

Registration Date: \_\_\_\_\_

Fee: \$60

**I. CANDIDATE'S INFORMATION**

Full Legal Name as it Appears on the Official Birth Certificate

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Date of Baptism: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

Rite/Denomination:  Roman Catholic  Other \_\_\_\_\_

Address of the Church of Baptism: \_\_\_\_\_

Please indicate the Sacraments already received:  Baptism  First Communion

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

Name of School: \_\_\_\_\_ Grade (in September 2018): \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_

Candidate's Address: \_\_\_\_\_

Street

City

Postal Code

**II. PARENT'S INFORMATION**

**Mother**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Religion:  Roman Catholic  Other \_\_\_\_\_  None

Address: \_\_\_\_\_

Street

City

Postal Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Father**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Religion:  Roman Catholic  Other \_\_\_\_\_  None

Address:  Same as mother's \_\_\_\_\_

Street

City

Postal Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**III. PARENT/CANDIDATE/PASTOR REGISTRATION MEETING**

Please select one of the follow dates to meet with the Pastor:

Thursday August 23, 2018 at 7pm  Thursday September 20, 2018 at 7pm  Thursday October 11, 2018 at 7 pm

\_\_\_\_\_  
Signature of Parent/Guardian

**To be completed by the office staff:**

Registration number: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_ Verified: \_\_\_\_\_