

# Immaculate Conception Parish

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

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

## 2020 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 2019): \_\_\_\_\_

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 September 12, 2019 at 7:00pm

Thursday October 3, 2019 at 7:00pm

Media Release: I consent to have photographs and video taken of my children during the ceremony for use in any form of media and/or any publicity material produced or printed by Immaculate Conception Parish.

Signature of Parent/Guardian

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

Registration number: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_

Verified: \_\_\_\_\_