

# Immaculate Conception Parish

300 ANSLEY GROVE RD., WOODBRIDGE, ONTARIO L4L 3W4  
TELEPHONE: 905 856-2205 FAX: 905 850-5589 EMAIL: [icparish@rogers.com](mailto:icparish@rogers.com)

## 2021 Confirmation Registration Form

*Please print clearly.*

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

Fee: \$60 (cash or cheque only)

### I. CHILD'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: \_\_\_\_\_

Has the child received First Holy Communion?  Yes

No

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

Name of School: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Height: \_\_\_\_\_

Child'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: \_\_\_\_\_

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: \_\_\_\_\_

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## 2021 Sponsor Registration Form

*Please print clearly.*

Name of Candidate: \_\_\_\_\_

School: \_\_\_\_\_

### SPONSOR REGISTRATION FORM

The following are the requirements in order for a Catholic to be a sponsor (canon 874):

- At least 16 years of age
- He/She has been fully initiated in the Catholic Church (received Baptism, Holy Communion, and Confirmation)
- In good standing with the Church (e.g. has not married outside of the Catholic Church)
- Not the father or mother of the one to be confirmed

#### Sponsor's information:

Full legal name

\_\_\_\_\_

First Name

Middle Name

Last Name

Current Parish: \_\_\_\_\_ City: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

Street

City

Postal Code

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

Date of Birth: \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_

Church of Confirmation: \_\_\_\_\_ City: \_\_\_\_\_

Fulfills the requirements of canon 874

***\*\* Please note that a copy of the Sponsor's Confirmation Certificate is requested to accompany this registration form\*\****

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

To be completed by the office staff:

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