



CONFIRMATION PROGRAM REGISTRATION FORM

Please bring this form on Parent/Candidate meeting night September 27th or 28th and include \$30 registration fee.

Candidates Given Name: _____ Surname: _____

Mother's Given Name: _____ Maiden Name: _____

Father's Given Name: _____ Surname: _____

Mailing Address: _____ Postal Code: _____

Parent's Email address: _____

Telephone Number: _____ Date of Birth: _____

School: _____ Grade: _____

Height (for ordering gowns): _____

Baptized at (Parish name): _____ Date: _____ (please provide)

**If baptized at St. Joseph's/Immaculate Conception Parish, please provide date. If not, please include a copy of the baptismal certificate - if you do not possess this certificate, please contact the parish where your child was baptized and ask that a copy be forwarded. We are unable to process registration without this information. Please read the parent letter for more information.

RECEIVED: First Communion: Yes: ___ No: ___ First Reconciliation: Yes: ___ No: ___

Small Group Choice: Please indicate 1st and 2nd choices for small group preparation:

During the evening of - Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___

If leaders are available would Saturday or Sunday morning be an option? Yes ___ No ___

PRESENTATION OF CANDIDATES TO THE PARISH COMMUNITY

We will be present at the following Mass for our child's presentation to the Parish Community on either Saturday evening, November 25th or Sunday morning, November 26th : (please circle one)

Immaculate Conception Church: Saturday @ 5 pm. Mass or Sunday morning @ 10:00 am. Mass or

St. Joseph's Church: Sunday morning @ 8:30 am. Mass or 11:30 am. Mass.

Sponsor

Full Name of Sponsor (print) _____

(You still have time to choose your sponsor. Sponsors must be a baptized and practicing Catholic and 16 years or older.)

Confirmation Name (print) (optional and will be discussed at the meeting): _____