



# CONFIRMATION REGISTRATION FORM

We prepare together to receive the gifts of the Holy Spirit through the imposition of hand and anointing with oil by the bishop in **Confirmation**; a sacrament of initiation which brings you deeper into communion with the Church.

**CANDIDATE:** \_\_\_\_\_  
Last Name First Name Middle name (As shown on official documents.)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_  
MM / DD / YY

Child's Religion: \_\_\_\_\_ Parish where candidate attends Mass: \_\_\_\_\_  
(If other than Immaculate Conception, provide Letter of Reference from home priest.)

Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish of Baptism: \_\_\_\_\_  
MM / DD / YY

Sacraments received:  Reconciliation  Eucharist

Lives with:  Parents  Mother  Father  Guardian \_\_\_\_\_

<p><b>MOTHER</b></p> <p>Name: _____</p> <p>Maiden Name: _____</p> <p>Address: _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p>Religion: _____</p>	<p><b>FATHER</b></p> <p>Name: _____</p> <p>Address (if different): _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p>Religion: _____</p>
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PLEASE RETURN THIS COMPLETED FORM TOGETHER WITH A COPY OF THE CANDIDATE'S BAPTISMAL CERTIFICATE AND FEE TO THE PARISH OFFICE, 386 ROGERS STREET, PETERBOROUGH, ON.

## Sacramental Preparation Program—Release and Consent Form

I, \_\_\_\_\_ give my child(ren) \_\_\_\_\_  
(Parent/ Guardian full name) (child(ren) full names)

permission to participate in the activities of the Sacramental Preparation Program at Immaculate Conception parish. I personally and on behalf of my child(ren), hereby release Immaculate Conception parish, its priest, Parish Catechist and volunteers from any liability for injuries or damages arising or resulting from participation in this program. I grant permission to use my child(ren)'s photographs in the Church bulletin or website and other printed publications. In case of an emergency, I understand that when feasible, every effort will be made to reach the parent/guardian, but in the event that one cannot be reached, I hereby give permission to secure medical treatment as deemed necessary.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parish Office Use:

Submitted Baptismal Certificate  \$50 program fee paid