

2018-2019 Immaculate Conception Parish Sacramental Preparation Registration

FAMILY INFORMATION

Student's Full Name: _____
(First/Middle/Last)

Grade and school currently attending: _____

Father's Full Name: _____
(First, Middle Initial, Last)

Mother's Full Name: _____
(First, Middle Initial, Last, Maiden Name)

Email (MANDATORY): _____

Address: _____

City/State/Zip: _____

Preferred Phone Number: _____ Secondary Phone Number: _____

STUDENT INFORMATION

Date of Birth: _____ Place of Birth (City, State): _____

Baptismal Certificate Attached? _____
YES NO

If **NO**, was child baptized at Immaculate Conception Church? _____
(If baptized at Immaculate Conception, no certificate is necessary) YES MONTH/YEAR

CERTIFICATE IS MANDATORY FOR REGISTRATION UNLESS YOUR CHILD NEEDS BAPTISM OR WAS BAPTIZED AT IMMACULATE CONCEPTION. IF YOUR CHILD WAS BAPTIZED AT A CHURCH OTHER THAN IMMACULATE CONCEPTION, YOU MUST SUBMIT A COPY OF HIS/HER BAPTISMAL CERTIFICATE WITH THIS REGISTRATION FORM.

I AM REGISTERING MY CHILD FOR THE FOLLOWING SACRAMENTS:

Baptism: _____

First Reconciliation, First Eucharist, Confirmation (at least 3rd grade as of September 2019): _____

Confirmation (at least 3rd grade as of September 2019): _____