

# CONFIRMATION REGISTRATION FORM

*Immaculate Conception Church  
406 Alta Vista Ave.  
Fairmont, WV 26554*

**Please complete fully and print legibly.**

Candidate's Name (full baptismal name) \_\_\_\_\_

Candidate's Confirmation Name \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_

Parent's Names \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Candidate's Email Address \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_

Place of Baptism & Date \_\_\_\_\_

Place of First Communion & Date \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

Sponsor's Parish \_\_\_\_\_

Are there any physical limitations, allergies, and/or family circumstances that are important to know about your student?

\_\_\_\_\_

**I understand that if I/my child choose(s) to be confirmed that I/he/she am/is required to participate fully in the program.** (Candidate Signature/Date) (Parent Signature/Date)

\_\_\_\_\_

Initial: ( ) I grant my permission for my child to be photographed during Religious Education classes, liturgies, activities, and events. I further agree that these photos (still and moving) may be used in a variety of contexts to spotlight the Religious Education Program, including the parish and diocesan websites, parish bulletin boards, and diocesan newspaper, The Catholic Spirit.