

Immaculate Conception Church  
211 Summit Street  
Norwood, New Jersey 07648  
1-201-768-1600

**Email for Confirmation: iccsoc@aol.com**

**2017-2018 REGISTRATION FOR CONFIRMATION FAITH FORMATION**  
**Registration Fee for Confirmation Sessions: \$200.00.**  
**Please make checks payable to: Immaculate Conception Church**  
**DUE: UPON RECEIPT**

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**Please Print**

Candidate's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell: \_\_\_\_\_ Mother/Father

Name of Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family e-mail: \_\_\_\_\_

Candidate's e-mail: \_\_\_\_\_

Candidate's Parish of Baptism with address: \_\_\_\_\_  
\_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Name of Candidate's Parents:

Mother: \_\_\_\_\_

(Maiden Name) (First)

Father: \_\_\_\_\_

(Last) (First)

Sponsor: \_\_\_\_\_

(Last) (First)

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

*Is there any information we should know about your child (allergies/concerns, etc.):* \_\_\_\_\_  
\_\_\_\_\_

The information provided above is put into our Permanent Church Records  
\*\*\*please make sure of the accuracy\*\*\*

**Please know that all e-mails will be sent to  
both the Parents and the Candidates.**

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