



immaculateconceptionyouthministry

CONFIRMATION INFORMATION FORM 2010-2011

Today's Date _____

Youth's Name _____ (M/F) _____ Birthdate _____

Youth's Email Address (for parish emails only) _____

School _____ City _____ Grade in School in 2010 _____

To Whom is Mailing Addressed: Mr/Mrs./Ms./Mr.&Mrs. _____

Mailing Address _____

Home Address (if different from above) _____

Tel. No. _____ Emergency Tel. No. _____

Name of Contact Person in Emergency _____

Father/Guardian _____ Father's Religion _____

Mother/Guardian _____ Mother's Religion _____

Birth Father (if different from above) _____

Birth Mother (if different from above) _____

Mother's Maiden Name _____

Baptism: Date _____ Church _____ City _____ State _____

(Note: Baptismal Certificate must be presented on November 21 if child was NOT baptized at Immaculate Conception, Malden or St. Peter, Malden.)

Has your child celebrated First Reconciliation? Yes No Has your child celebrated First Eucharist? Yes No

Does your child have any special needs that should be brought to our attention (e.g., learning concerns, physical needs, special medication, etc.)? If you prefer, you may speak to Scott Morin. We desire to share faith with all our parish youth.

Did this child attend Generations of Faith (G.O.F.) last year? Yes No – Parish/School: _____

Is your family registered in Immaculate Conception Parish? Yes No – Parish: _____

For Office Use Only

Baptismal Certificate Received _____

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