

**IMMACULATE CONCEPTION CATHOLIC CHURCH
REGISTRATION FOR CELEBRATION OF SACRAMENTS
2009-2010**

Child's Name _____

Date of Birth _____ Name of School _____ Grade _____

Mother's Name _____

Father's Name _____

Primary Residence _____
(Street Address) (City) (State/Zip)

Home Phone _____ Secondary Phone _____

E-Mail _____

Date of Baptism _____

Place of Baptism _____
(Name of Church)

(Street Address of Church) City/State/Zip)

We will need a copy of your child's baptismal certificate if not baptized at ICC. If you do not have a copy, one can be obtained from the office of the church where he/she was baptized. If you need help obtaining this certificate, the Sacramental Preparation Team will be happy to assist you.

Please complete this form and return it to church office with registration fee of \$15.00. Please make checks payable to: IMMACULATE CONCEPTION CATHOLIC CHURCH.

For Office Use Only

Fee Paid _____ Cash _____ Check _____ Parent/Child Meetings

Sept 23 ___ Sept 30 ___ Oct 21 ___ Oct 21 ___ Oct 28 ___ Nov 7 ___ Jan 27 ___ Feb 24 ___ Mar 24 ___

Interview date: _____ with _____

Celebration: Sat. 5:30 p. m. Apr 24 ___ Sun. Apr 26 8:30 ___ Sun. April 26, 11:00 ___

Additional comments
