

CONFIRMATION REGISTRATION – 2026 Page 1

Contact Information – Candidate and Family

Candidate's Full Name: _____
(First) (Middle) (Last)

Family Address: _____
(Street Address)

City: _____ State: _____ Zip: _____

Parent Phone Number #1: _____ Parent Phone Number #2: _____

*Please add the first name behind the phone number, if including two numbers.

Candidate Phone Number: _____

Parent/Family email: _____

Candidate's email: _____

Candidate Information

Date of Birth: _____ Age: _____

Place of Birth: _____
(City) (State)

Father's Name: _____

Mother's Name: _____
(First) (Maiden)

School Attending: _____

Candidate's Grade (Fall 2026): _____

Candidate's Church of Baptism: _____
(Name of Church) (City, State)

Address of Church of Baptism: _____
(Street Address)

City: _____ State: _____ Zip: _____

Date of Baptism: _____ (Please use exact date.)
(Month) (Day) (Year)

Candidate's Church of First Communion: _____
(Name of Church) (City, State)

Are you a registered member of Immaculate Heart of Mary Parish? _____

Emergency contacts and phone number: _____

Additional Information (allergies, learning disabilities, etc.) _____

PERMISSIONS

Group Leader - Candidate Communication

Some group leaders like to send group emails or texts to candidates in their groups. Often, parents are not included in these correspondences. **Parents**, please initial below to provide your consent for Confirmation Leaders to communicate with your Candidate in a group message (email or text).

_____ I allow Confirmation leaders to send a group email or text to my son/daughter with reminders and updates.

_____ I DO NOT give my permission for Confirmation leaders to send a group email or text to my son/daughter with reminders and updates.

Photography

As **parent/guardian** of this candidate, I permit photographs taken of my candidate to be used in publications, such as the parish bulletin, parish website/social media, and local or Diocesan newspaper.

Yes _____ No _____ Please Contact me _____

FEES

Confirmation fees are \$50.00. The fee goes toward program materials and supplies. Please talk to the Religious Education Staff if you need assistance paying the fee. If unable to pay the entire fee, then a minimum of \$25.00 is due the first session.

Signed:	Date:
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Please return this form before August 16 to Carrie Aragon, Confirmation Coordinator: caragon@ihm-ky.org. You may also mail your form to IHM Confirmation Program or drop it off at the receptionist's desk. After the form is received, you will receive an orientation packet via email with activities to complete before preparation sessions start on August 23.

***We ask for candidate's email addresses so they can receive program updates along with their parents. Both parents/candidates will receive the same information.*

--Office Use Information-----

<i>Date received</i>	<i>Orientation Sent</i>	<i>Payment</i>