Immaculate Conception Church

709 FRANKLIN STREET
CLARKSVILLE, TENNESSEE 37040-9990
Phone 931-645-6275

Parents or Guardian:

The church office needs the following information on each child making his/her First Holy Communion or Confirmation. Please complete the information below and return by December 1st. A copy of their Baptism Certificate must accompany this form.

Name: _____
First Middle Last

Age: _____ **Date of Birth:** _____

Place of Birth: _____
City State

Place of Baptism: _____
Name of Church City State

Date of Baptism: _____

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Maiden Name

Address: _____
Street City State Zip Code

Confirmation students need to complete the information below:

Place of First Communion: _____
Name of Church City State

Date of First Communion: _____

Confirmation Name Chosen: _____

Sponsor's Name: _____
First Middle Last