



Immaculate Conception Church

**305 East Howard St
Colfax, IA 50054
515.674.3711
imcolfax@msn.com**

Immaculate Conception Faith Formation Registration

Please fill out one form for each child.

Child/Student: _____

Birthdate: _____

Gender: _____ **Age:** _____ **Grade:** _____

School: _____

SACRAMENTS RECEIVED

Baptism: _____

Baptism Church and Town: _____

First Communion: Yes or No (please indicate one)

Confirmation: _____

Would you like to be an altar server? Yes No

Please list any medications, allergies, or health issues: