

Saint Matthew Catholic Church



 LIFE TEEN

Leading Teens Closer to Christ

Confirmation Registration Form 2018-2019

OFFICE USE ONLY

Date: _____ Staff Initial: _____

Reg Paid: YES or NO

Life Teen Reg Form: YES or NO

Book Fee (\$20) Paid: YES or NO

FOUNDATIONAL PREPARATION-RELIGIOUS EDUCATION (REQUIRED)

According to Archdiocesan Guidelines, Candidates for Confirmation should have attended at least two years of religious education program since the reception of their First Eucharist, at a parish program or Catholic School.

STUDENT INFORMATION:

STUDENT NAME: _____

Nickname/ Goes by: _____ Date of Birth: _____ Male: _____ Female: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Student Cell Phone: _____ Student Email: _____

2018-2019 Grade: 10 11 12

PARENT INFORMATION (ALL INFORMATION WILL BE SENT VIA EMAIL PLEASE PRINT)

Birth Father Full Name: _____

Contact Phone Number: _____ Email: _____

Birth Mother Full Name: _____ Maiden Name: _____

Contact Phone Number: _____ Email: _____

Preferred parent to contact for regular email communications: Father: _____ Mother: _____ Both: _____

Student Lives with: _____

PARISHIONER VALIDATION

Is the student a registered parishioner of Saint Matthew Catholic Church? _____ Yes _____ No

If not, is a letter from the pastor at your home parish, authorizing Confirmation at Saint Matthew, attached? __ Yes __ No
(a letter form your pastor would be required in this case)

BAPTISM & FIRST EUCHARIST VALIDATION

Baptism: Was the student Baptized at Saint Matthew? Yes _____ No _____

**If not, please attach a copy of their Certificate of Baptism to this registration dated within 6 months of turning in.*

Date of Baptism (or Profession of Faith): _____ City/ State of Birth _____

Church of Baptism (or Profession of Faith): _____

Street Address (please be complete): _____

City: _____ State: _____ Zip: _____

First Eucharist: Did the student receive their **First Eucharist** at Saint Matthew? ____ Yes ____ No*

**If no, please attach a copy of their Certificate of First Eucharist to this registration.*

Date of First Eucharist: _____ Church/ City/ State of First Eucharist _____

Religious Education Preparation:

PSR/CCD, grades attended: 3 4 5 6 7 8 9

Name/ City of Parish: _____

Catholic Grade School or High School, grades attended: 3 4 5 6 7 8 9

Name/ City of School: _____

ADDITIONAL INFORMATION:

Please list any information that would be helpful to us, for example: food allergies, special needs, custody issues, etc..

Please Read and Sign:

I understand that my child shares the obligation of all Catholics to attend Mass each Sunday and on Holy Days of Obligation. As the person primarily responsible for the faith formation of my child, I accept the responsibility of ensuring my child attends Sunday Mass as part of my sacred duty.

x _____
Parent Signature

Date

Communication and Photo Release: I hereby grant permission for internal use of group photos (two or more persons) taken at our church events. I give my permission for said photos to be used for promotional materials. I give permission for the Saint Matthew Youth Ministry staff and adult volunteers to contact my teen via email or text.

X _____
Parent Signature

Date

*Please note: This registration is only for Confirmation.