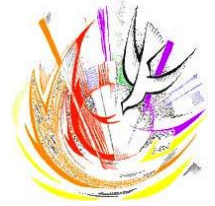


2017-2018 Confirmation Registration



Candidate Information

Last Name: _____ First Name: _____

Mailing Address: _____

Grade in School, as of Fall 2017: _____ Birth Date: _____

*Parish (If other than St. Matthew's): _____

Place and Date of Baptism: _____

**Please provide a copy of baptismal certificate, if candidate was not baptized at St. Matthew's Church.*

Place and Date of First Communion: _____

Preferred Parent/Guardian to Receive Program Correspondence:

Name: _____ Email: _____ Phone: _____

Parent/Guardian Information

First Name	Last Name	Mother's Maiden Name (if applicable)	Relationship to Child	Cell Phone	Home Phone

Confirmation Registration Fee: \$40.00 due by Monday, October 9. Registration fee does not include cost of retreat. (Retreat fee will be approximately \$100.00 and will be collected in advance of retreat.)

DIOCESAN PHOTO RELEASE: I hereby authorize and give my consent for the taking of pictures (moving or still) of my son/daughter: _____

(please print)

and further give my permission for their reproduction for:

1. Parish Bulletin board
2. News release – *The Evangelist*
3. Parish Bulletin/ Website

Parent signature _____ Date _____

OFFICE USE ONLY: ___ Paid ___ cash ___ check# ___ posted

St. Matthew's Church

A Roman Catholic Community

25 Mountainview Street * Voorheesville, New York * 121 86-9551 * Phone 518-765-2805 * Fax 518-765-3701 *

stmatthewsvoorheesville.org