

St. Patrick Church

Confirmation Registration Form

Complete and return this registration form with a copy of the student's Baptismal Certificate if NOT baptized at St. Patrick Church. If you do not have a copy, please request one from the church of Baptism. Forms may be dropped off at the parish office or emailed to Melissa Harshbarger, mharshbarger@stpatrickbr.org.

Student's Name (first, middle, last) _____

Full Address _____
Street City Zip

Student's Cell Phone: _____ Birth Date: _____ Age: _____ Gender: _____

Date of Baptism _____ Copy of Certificate Attached : Yes _____ No _____

Place of Baptism (provide name and address of church)

Confirmation Saint name: _____ (leave blank if one has not been chosen)

Current High School: _____

Father's Name (first, middle, last): _____ Cell phone: _____

Mother's Name (first, middle, maiden, last) _____ Cell phone: _____

Father's Email: _____ Mother's Email: _____

Release of Liability: Upon registering for St. Patrick Catholic Church Confirmation, I, the parent and/or legal guardian, grant permission for my child to participate. I understand that Confirmation events will take place under the guidance and supervision of Mrs. Melissa Harshbarger and the appointed Confirmation Leaders of St. Patrick Catholic Church Parish. I agree to hold harmless St. Patrick Catholic Church, its employees and agents, chaperones or representatives associated for these events from any claims, damages to personal property, or injury which may result during these events, unless such claim arises from the negligence of the parish or diocese. I also hereby warrant that to the best of my knowledge my child is in good health and I assume the responsibility for the health of my child. I do hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency.

Parent's Signature: _____ Date: _____

Photo consent: I authorize photos to be taken of my child and published on the St. Patrick website, social media account or parish bulletin.

Parent's Signature: _____ Date: _____

Communication Consent: I grant permission for Melissa Harshbarger, Director of Faith Formation, and any appointed Confirmation leaders to communicate with _____ (confirmation candidate) via text, email, or Flocknote application via phone. Communication is approved for the specific purpose of Confirmation schedule reminders, session reminders and other confirmation business that may arise.

Parent's Signature _____ Date: _____