



Saint Joseph Parish

2017 Confirmation Registration Form

Candidate Information

Full Name (First, Middle, Last): _____ Date of Birth: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ School: _____ Grade: _____

Sacrament Records

***If baptized at another church, please submit a copy of the Baptismal Certificate.**

Date of Baptism: _____ Church: _____

Date of First Eucharist: _____ Church: _____

Parents/Legal Guardian Information

Father/Guardian Information: _____

Street Address _____ City: _____ Zip: _____
(if different from candidate)

Cell Phone: _____ Religion: _____

Mother/Guardian Name: _____ Maiden: _____

Street Address _____ City: _____ Zip: _____
(if different from candidate)

Cell Phone: _____ Religion: _____

Parent's Email Address: _____

Is the family registered at St. Joseph Parish? Yes No

Please return this form and registration fee of \$20.00 to:
St. Joseph Parish, Confirmation Registration, 215 Falls Ave, Cuyahoga Falls, Ohio 4422

For Office Use Only:

Baptismal Certificate Received from other parish? Yes No

Payment: Date: _____ Cash: _____ Check #: _____



Saint Joseph Parish

PHOTO RELEASE AUTHORIZATION Part I or II must be completed

Part I

I (We) the parent(s) and/or guardian(s) of my minor child _____, age _____, do hereby consent and authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my daughter/son during her/his enrollment at Saint Joseph Parish Confirmation Program by an employee, agent, or representative of Saint Joseph Parish or independent contractor.

The Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, and prints shall constitute the property of Saint Joseph Parish and may be used by Saint Joseph Parish Confirmation Program for any purpose determined at its discretion without further notice or any compensation to me or my daughter/son.

Parent(s) and/or Guardian Signature

Date

PART II

REFUSAL TO CONSENT FOR PHOTO RELEASE AUTHORIZATION

I (We) the parent(s) and/or guardian(s) of my minor child _____, age _____, do not hereby consent and authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my daughter/son during her/his enrollment at Saint Joseph Parish Confirmation Program by an employee, agent, or representative of Saint Joseph Parish or independent contractor.

Parent(s) and/or Guardian Signature

Date