

**Registration for the Sacrament of Confirmation
Epiphany Catholic Church 2017-2018**

Name of Candidate _____

(Needed for certificates so please complete in full) First Middle Last Nickname

High School _____ Grade _____ D.O.B _____

Mother's Maiden Name _____ Father's Name _____

Address _____

City, State, Zip _____ Youth Cell Phone _____

Home Phone Number _____ Youth Email: _____

Parent Cell Phone _____ Parent Email: _____

Baptism Church _____ Date _____

(Baptismal Certificate is needed)

Address if other than Epiphany _____

Need extra Sacrament Preparation? _____ Which Sacraments? _____

Does your youth have special needs? _____

Does your youth have food allergies? _____

The fee for the Confirmation program is \$75: Paid _____ (make checks to Epiphany Catholic Church)

Mark your Calendars!

Confirmation Orientation Meeting

September 27th 6:30-7:30 pm at the Lighthouse.

**Promotional Release Form
(For a Child/Youth under Age 18 or Vulnerable Adult)**

Name of Church/Ministry/Group _____

Date: _____ Name: _____
(Please type or print the name of the child/vulnerable adult.)

I agree to participate in an interview (in person, in writing, by phone, or by e-mail), an audio or video recording, and/or I agree to have photographs taken of me by a person or persons authorized by the Archdiocese of Louisville for use by the Archdiocese of Louisville or one of its parishes, schools, or agencies. I authorize the release and distribution of information concerning my activities with Catholic parishes, schools, and agencies, including my photographs, interviews, and/or audio/video recordings, to the Archdiocese for printed promotional materials, video/audio productions, television, websites, social media platforms, or media coverage about Catholic parishes, schools, or agencies, with the following restrictions:

(If there are no restrictions, write "none.")

I release the Archdiocese of Louisville, its personnel, and any other persons from liability connected with the taking or use of such material. I grant this authorization and release because I favor the promotion of the Archdiocese, Catholic parishes, schools, and agencies and their services. This agreement fully represents all terms and considerations; no other inducements, statements or promises have been made to me.

Name of Minor/Vulnerable Adult:

I give consent for the minor or vulnerable adult:

Signature

Date

Printed Name/Relationship to Minor

Street Address

City, State, Zip

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Phone

Email