

**Our Lady of the Rosary ~ Sacrament of Confirmation**  
**Candidate Information / Photo Permission Form**

**Update**

***PLEASE PRINT CLEARLY AND RETURN by February 10, 2017***  
***(Can be e-mailed or mailed to the Parish Office)***

Candidate's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Parent Information:**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

**Baptismal Information:**

Baptized at Church of: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Date \_\_\_\_\_

Mother: *(first name)* \_\_\_\_\_ *(last name)* \_\_\_\_\_ *(maiden)* \_\_\_\_\_

Father: *(first name)* \_\_\_\_\_ *(last name)* \_\_\_\_\_

**Sponsor's Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Member of Parish: \_\_\_\_\_

ATTACH Confirmation Sponsor Commitment Pledge Form

Confirmation Name Choice: \_\_\_\_\_

**Please complete the reverse side of this form**

**REGISTER ME FOR: (check option)**

**Direct Prep Option:** \_\_\_\_\_ **June 27 & 28** \_\_\_\_\_ **August 2 & 3**

**Retreat Option:** @ OLR \_\_\_\_\_ **Another Parish**

**Photo Authorization:**

Photographs and/or videos of minors are taken periodically for use in parish publications and to celebrate your child's and his/ her fellow students' participation and accomplishments. In signing this registration, you are acknowledging this and granting permission to Our Lady of the Rosary to use photos and videos of (1) your child without name and/or (2) your child with first name only, in our publications, displays or promotions. (Last names will not be used without contacting you and obtaining your permission.) You may limit or disallow this by contacting the parish office and providing us with a written notice of what limitations you would prefer.

Please note that the diocese, its parishes, schools and ministries have limited control over the use of photography or film taken by private individuals or the media that may be covering the event in which your child(ren) participate(s)

I CONFIRM that I give photo permission as described above

Name \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**Other Information**

Please list all information that might help us in meeting the needs of your child: allergies, medications, etc.

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