



St. Matthew's Church Confirmation Application 2008 – 2009

Confirmand's Full Name: _____

Preferred name: _____

Date of Birth: _____ Place of Birth: _____

Place of Baptism: _____ Date of Baptism: _____

School: _____

Parent's Name: _____

Contact Information:

Home Address: _____

City, State, Zip Code _____

Phone: _____

Parent's email address: _____

Confirmand email address: _____

May we email your child for informational and instructional purposes: Yes No

Additional Information:

Does your child have any learning disabilities? _____ Please Explain: _____

Why do you want to have your child confirmed? _____

As a part of the curriculum, we offer a class on Christian values. This class will focus on the meaning of stewardship as it applies to ourselves and the world around us. Within this class the topic of human sexuality may be discussed. Do you have an objection to your child participating in this class? Yes No.
