

**ST. JOSEPH PARISH**  
**Confirmation 2017 Candidate Form**

*Please return this form to the Christian Formation Office by March 5, 2017*

**Candidate's Name:** \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Date of Birth: \_\_\_\_\_ City & State of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Sacrament Record**

Date of Baptism: \_\_\_\_\_ Parish: \_\_\_\_\_

Parish Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*\*If NOT baptized at St. Joseph Parish in Grafton, you will need to obtain a copy of your baptismal certificate by contacting the parish that administered the baptism. Please return a copy to the St. Joseph Christian Formation Office, 1619 Washington St., Grafton, WI 53024.*

Date of 1<sup>st</sup> Communion: \_\_\_\_\_ Parish: \_\_\_\_\_

Parish Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Received 1<sup>st</sup> Reconciliation (*circle one*): YES NO

**Parents' Contact Information**

1. \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (MAIDEN, if applicable)

Parent Phone(s): \_\_\_\_\_

Parent Email(s): \_\_\_\_\_

2. \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (MAIDEN, if applicable)

Parent Phone(s): \_\_\_\_\_

Parent Email(s): \_\_\_\_\_

**Confirmation Sponsor**

*Sponsor must be a Confirmed and practicing Catholic. Sponsor may NOT be a parent.*

**Sponsor's Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Sponsor's Parish: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_