

ST. JOSEPH PARISH
CELEBRATION OF FIRST EUCHARIST 2018-2019
Reservation Form

Child's Name: _____
(FIRST) (MIDDLE) (LAST)

City & State of Birth _____

Date of Birth: _____

Parents' Names:

(FIRST) (MIDDLE) (LAST) (MAIDEN)

(FIRST) (MIDDLE) (LAST) (MAIDEN)

Phone: _____

Email: _____

Name of Church where Baptized & Date (**Baptism Certificate Required**):

St. Joseph - Grafton, WI Date: _____

OR

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

PLEASE SELECT YOUR 1st RECONCILIATION DATE:

1st Reconciliation on:

Tuesday, January 8, 2019 @ 6:00 pm _____

My child will celebrate 1st Reconciliation on an alternate date. _____

Indicate date/place: _____

PLEASE SELECT YOUR 1st COMMUNION DATE:

1st Communion on:

Saturday, April 27, 2019 @ 4:00 p.m. Mass _____

Sunday, April 28, 2019 @ 8:00 a.m. Mass _____

Sunday, April 28, 2019 @ 10:30 a.m. Mass _____

My child will celebrate 1st Communion on an alternate date. _____

Indicate date/place: _____

Please return this form to the Christian Formation Office by November 11, 2018

Date Received: _____