

ST. JOSEPH PARISH
Confirmation 2018 Candidate Form

Please return this form to the Christian Formation Office by November 19, 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 1st Communion: _____ Parish: _____

Parish Address: _____

City: _____ State: _____ Zip Code: _____

Received 1st 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. However, if a sponsor cannot attend activities, a parent may act as a proxy.

Sponsor's Name: _____ Relationship: _____

Sponsor Phone(s): _____

Sponsor Email(s): _____

Sponsor's Parish: _____

City: _____ State: _____ Zip Code: _____