

ST. JOSEPH PARISH
CELEBRATION OF RECONCILIATION & EUCHARIST 2022-2023
Sacramental Registration Form

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

City & State of Birth _____

Date of Birth: _____

Parent/Guardian Contact Information

1. _____
(FIRST) (MIDDLE) (LAST) (MAIDEN, if applicable)

Parent/Guardian Email: _____

Parent Phone(s): _____ Receive Sacramental emails: Yes No

2. _____
(FIRST) (MIDDLE) (LAST) (MAIDEN, if applicable)

Parent/Guardian Email: _____

Parent Phone(s): _____ Receive Sacramental emails: Yes No

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.*

PLEASE SELECT YOUR 1st RECONCILIATION DATE:

1st Reconciliation on:

_____ Tuesday, January 10, 2023 @ 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:

_____ Sunday, April 16, 2023 @ 1:00 pm

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

Indicate date/place: _____

Please return this form to the Christian Formation Office by November 20, 2022