



St. Joseph Catholic Church
CONFIRMATION REGISTRATION 2017-2018

CONFIRMATION

CANDIDATE: _____

(First)

(Middle)

(Last)

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

CHURCH OF BAPTISM: _____ **DATE:** _____

(Street Address/P. O. Box)

(City, State, Zip Code)

(Please provide a copy of your child's Baptismal certificate with proof of First Communion on back)

1st RECONCILIATION AND 1st COMMUNION: _____

(Church and Date)

FATHER: _____

(First)

(Middle)

(Last)

MOTHER: _____

(First)

(Maiden)

(Last)

ADDRESS: _____

(Street)

(City, State, Zip Code)

CELL PHONE: _____ **EMAIL:** _____

FEE: \$130.00 which includes cost of the Confirmation Retreat at THE PINES March 9th – 11th, 2018