

Sacrament of Confirmation Information Sheet 2009-2010

St. Joseph, St. Mary Youth Ministry

(Please print all information on this sheet)

Candidate's Name:

FIRST

MIDDLE

LAST

SEX: M/F

CONFIRMATION/SAINT NAME

Check all the Sacraments the candidate has completed:

___ Baptism

___ First Eucharist

___ First Reconciliation

Baptismal Information:

Date of Baptism: _____

Parish Name: _____

Address: _____

City/State/Zip: _____

PLEASE INCLUDE A COPY OF THE BAPTISMAL CERTIFICATE

Or have the baptismal church fax a copy to St. Joe's at 414-771-4311

Mother's Full Maiden Name: _____

Father's Full Name: _____

Sponsor Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-Mail: _____

Relationship to Candidate: _____

Is the Sponsor over 18 years of age? Yes _____ No _____

Is the Sponsor a practicing Catholic? Yes _____ No _____

Has the Sponsor received the sacraments of baptism, First Eucharist, and Confirmation? Yes _____ No _____