

2024-2025 Sacramental Registration Form

ST. JOSEPH PARISH'S CELEBRATION OF RECONCILIATION & EUCHARIST

Please complete this form and bring it to the Sacramental Parent Meeting on October 20, 2024

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:

Saturday, December 14, 2024 @ 12:30 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 26, 2025 @ 4:00 p.m. Mass _____

Sunday, April 27, 2025 @ 8:00 a.m. Mass _____

Sunday, April 27, 2025 @ 10:30 a.m. Mass _____

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

Indicate date/place: _____