

ST. JOSEPH PARISH
Confirmation 2027 Candidate Form
Please return this form to the Christian Formation Office

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

Date of Birth: _____ City & State of Birth _____

Address: _____

Youth Cell Phone: _____ Youth 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

Parent/Guardian Contact Information

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

Parent/Guardian Email: _____

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

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

Parent/Guardian Email: _____

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

Confirmation Sponsor

*Sponsor must be over the age of 16, have been confirmed in the Catholic Church, and a **practicing Catholic**.*

Sponsor may NOT be a parent; however, if a sponsor cannot attend activities, a parent may act as a proxy.

****Sponsors need to submit a completed Testimony of Designated Sponsor form, signed by their home parish****

Sponsor's Name: _____ Relationship: _____

Sponsor's Email: _____ Sponsor Phone Number: _____

Sponsor Address: Street: _____ City: _____ State: _____ Zip Code: _____

Sponsor's Parish: _____ Located in: City: _____ State: _____

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I agree to commit myself to the best of my ability to fulfilling the requirements of the parish Confirmation program. I am aware that the fulfillment of these requirements is my responsibility, not that of my parents, though their support is necessary.

As a young person entering the process to accept the gift of faith for myself, preparation for the Sacrament of Confirmation, I will faithfully commit to the following:

- **Attendance and participation at Mass and Holy Days of Obligation;**
- **Attendance and participation at all formation sessions and XLT**
- **Increased attention to prayer as I continue to grow in my personal relationship with Christ**
- **Follow the high moral standards of Jesus, developing Christian virtues;**
- **Work to understand the richness of the Catholic Faith Tradition and share it honestly with others;**
- **Communicate with Confirmation leaders and Youth Ministry staff.**

I will strive to grow as a person of prayer, study, service and sharing throughout the course of the year. Finally, I pray that God will bless and provide the grace for me to prioritize my faith commitment and grow in spiritual maturity, as well as all areas of my life, in this special year of preparation for Confirmation.

CANDIDATE SIGNATURE _____ **DATE** ____/____/____

We pledge support and guidance to our son/daughter as he/she begins the process to confirm the faith we have nurtured since Baptism. We promise to encourage our child in the standards mentioned above, attend Mass and participate in sessions when necessary.

PARENT/GUARDIAN SIGNATURE(S) _____/_____