

2026-2027 Sacramental Registration Form

**ST. JOSEPH PARISH'S CELEBRATION OF RECONCILIATION & EUCHARIST**

**Please complete this form and bring it to the Sacramental Parent Meeting**

**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 1<sup>ST</sup> RECONCILIATION DATE:**

**1st Reconciliation on:**

Saturday, December 19, 2026 @ 12:30 pm \_\_\_\_\_

My child will celebrate 1<sup>st</sup> Reconciliation on an alternate date:

Indicate date/place: \_\_\_\_\_

**PLEASE SELECT YOUR 1<sup>ST</sup> COMMUNION DATE:**

**1st Communion on:**

Saturday, April 24, 2027 @ 4:00 p.m. Mass \_\_\_\_\_

Sunday, April 25, 2027 @ 8:00 a.m. Mass \_\_\_\_\_

Sunday, April 25, 2027 @ 10:30 a.m. Mass \_\_\_\_\_

My child will celebrate 1<sup>st</sup> Communion on an alternate date:

Indicate date/place: \_\_\_\_\_