

St. Joseph – Immaculate Conception Religious Education Program Confirmation Preparation Application

Candidate's Name: _____
First Middle Last (as known on official documents)

Candidate's Address: _____
(Street) (City) (State / Zip Code)

Date of Birth: _____ / _____ / _____
month day year

Date of Baptism: _____ / _____ / _____ Parish* of Baptism: _____
month day year (name and location)

Sacraments received (please check): _____ Reconciliation _____ Eucharist

Mother's Name: _____
(First) (Maiden) (Last)

Telephone: _____ E-mail: _____

Father's Name: _____
(First) (Middle) (Last)

Telephone: _____ E-mail: _____

Please return this completed form together with a copy of the candidate's baptismal certificate.
The fee for

*(Note: If the Parish of Baptism *is the same* as the Parish of Confirmation, then the parish will verify the baptismal record and a copy of the Baptismal certificate is not necessary.)

Parish Office Use:

Attended Meeting _____

Attended Retreat _____

Baptismal Certificate _____

Sacrament Fee _____

Selected Sponsor _____

Certificate Verified: _____

Selected Patron Saint _____

Saint Report _____

First 10 Service Hours _____

Second 10 Service Hours _____