

IMPORTANT CONFIRMATION INFORMATION 2018

PLEASE PRINT AND FILL IN ALL ITEMS:

Candidate's Full Name _____

Address _____ City _____ zip _____

Age on March 1st of his/her freshman yr _____ Saint's name _____

Confirmation Sponsor's Name _____

Date of Baptism Month _____ Day _____ Year _____

Church of Baptism & Address _____

Father's Name _____ email _____

Mother's First & Maiden Name _____ email _____

Parent's Phone #'s _____

Mother's Religion _____ Father's Religion. _____

WE WILL NEED AN ORIGINAL OF YOUR CHILD'S BAPTISMAL RECORD FOR OUR FILES IF THE BAPTISM TOOK PLACE IN ANOTHER PARISH.

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To: _____
(Church of Baptism & Address)

My child _____ will be receiving
(First Name) (Middle) (Last)

Confirmation during the coming year at St. Joseph Parish, St. Johns, Michigan.

Date of Baptism _____ Date of Birth _____

Please send **(no faxes please)** my child's Baptismal Certificate to:
St. Joseph School
ATTN: Michelle Parker, DRE
201 E. Cass
St. Johns, MI 48879
989-224-8537

(Mother's First & Maiden Name - Printed)

(Father's First & Last Name - Printed)

(Parent Signature)

(Date)