

# IMPORTANT CONFIRMATION INFORMATION

PLEASE PRINT AND FILL IN ALL ITEMS:

Candidate's Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ zip \_\_\_\_\_

Age on March 1<sup>st</sup> 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: Jen Nelson, 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)