

St. Joseph Congregation Youth Ministry, 2020 – 2021 Thadeus Brooks, Director of Youth Ministry 414-771-4626 ext. 108 <u>brookst@archmil.org</u>

Confirmation Registration

\$225.00 Fee (includes retreat fee) Meet in St. Joseph Room in Parish Office 4:00pm-5:30pm

Basic Information	
Family Last Name:	Home Phone: ()
Father's Full Name	Cell Number: ()
Mother's Full Name	Cell Number: ()
Address:(Street)	(City / State / Zip code)
E-mail required We <u>will</u> communicate via email, so please pr	rovide an email that you check often
Youth's Full Name: (First) (Mi	ddle) (Last) Gender:(F / M)
Date of Birth:	School Attending:
Child Lives WithBoth Parents / _	Father /Mother /Other
Teen's E- mail:(this is important)	Teen's Cell: _() rtant contact information)
Emergency Contact Full Name:	

"Be sealed with the gift of the Holy Spirit"

Preparation	Information
	nts the candidate has completed: Baptism
	First Eucharist First Reconciliation
Baptismal In	formation:
Date of Baptism: _	
Parish Name:	
Address:	
City/State/Zip:	
PLE	EASE INCLUDE A COPY OF THE BAPTISMAL CERTIFICATE
Mother's Full Mai	den Name:
Father's Full Nam	ne:
	Choosing Your Sponsor
Choosing your sp	onsor is important! Please consider the following when making this decision.
 Your Sponsor I Your Sponsor I Your Sponsor S journey and wa Your Sponsor O 	MUST be a Confirmed, Practicing Catholic, in good standing with the Church MUST be able to attend a couple of the sessions with you. MUST be able to attend Confirmation rehearsal. SHOULD be someone you feel close with who will be willing to share his/her faith alk with you on yours CANNOT be YOUR parent SHOULD be that person you would want to share things with and seek council
Sponsor Informat	ion:
~p ====================================	Name:
	Address:
	City/State/Zip:
	Phone: E-Mail:
	Relationship to Candidate:

Now is the time to start thinking about your Confirmation saint.