



St. Joseph Congregation Youth Ministry, 2019 – 2020  
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## Confirmation Registration

**\$225.00 Fee (includes retreat fee)**

**Meet in parish hall  
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 will communicate via email, so please provide an email that you check often*

Youth's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
(First) (Middle) (Last) (F / M)

Date of Birth: \_\_\_\_\_ School Attending: \_\_\_\_\_

Child Lives With \_\_\_\_\_ Both Parents / \_\_\_\_\_ Father / \_\_\_\_\_ Mother / \_\_\_\_\_ Other

Teen's E-mail: \_\_\_\_\_ Teen's Cell: (\_\_\_\_) \_\_\_\_\_  
(this is important contact information)

### Emergency Contact

Full Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Family is a member of: St. Joseph Congregation \_\_\_\_\_

*"Be sealed with the gift of the Holy Spirit"*

## Preparation Information

Check all the Sacraments the candidate has completed:

- Baptism  
 First Eucharist  
 First Reconciliation

## Baptismal Information:

Date of Baptism: \_\_\_\_\_

Parish Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

***PLEASE INCLUDE A COPY OF THE BAPTISMAL CERTIFICATE***

Mother's Full **Maiden** Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

## ***CHOOSING YOUR SPONSOR***

Choosing your sponsor is important! Please consider the following when making this decision.

- Your Sponsor **MUST** be a Confirmed, Practicing Catholic, in good standing with the Church
- Your Sponsor **MUST** be able to attend a couple of the sessions with you.
- Your Sponsor **MUST** be able to attend Confirmation rehearsal.
- Your Sponsor **SHOULD** be someone you feel close with who will be willing to share his/her faith journey and walk with you on yours
- Your Sponsor **CANNOT** be YOUR parent
- Your Sponsor **SHOULD** be that person you would want to share things with and seek council from

Sponsor Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_

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