



Confirmation Registration

St. Joseph Church
532 Ave M, NW
Winter Haven Fl. 33881
(863) 294-3144

Date of Confirmation:

Group/ Class:

Name: _____
First Middle Last

School / Grade: _____

Date of Birth: _____ Place of Birth: _____
Month/ Day/ Year City State Country

Church of Baptism: _____ Date: _____

Address of Church: _____

Church of First Communion: _____ Date: _____

Address of Church: _____

- Please note that if your Baptism / Communion was not done at St. Joseph you are responsible for obtaining a copy of the certificates.

Father's Name: _____
First Last

Mother's Name: _____
First Maiden Last

Address: _____
Street City State Zip

Phone: _____ / _____ Email: _____
Home Cell Parents

Emergency Contact person and phone: _____

Sponsor's Name: _____
First Last

Sponsor's Church: _____
Name Address State / Zip

Verification of suitability: _____

Office Use Only

Baptism verified: _____

Sponsor verified: _____

Communion verified: _____

Reconciliation: _____

Information entered: _____