

ST JOSEPH CONFIRMATION REGISTRATION FORM



Please completely fill out this form and bring to St Joseph Parish Office or e-mail to: LRonderos@sjcfl.org

Confirmation Candidate's Information:

First _____ Middle _____ Last _____

Address: _____

Email address: _____

DOB: _____ Grade: _____

Father's Name: First _____ Last _____

Mother's Name: First _____ Maiden: _____

Main Contact's email address: _____

Main Contact's Cell Phone Number: _____

For children Baptized at St Joseph:

Date of Baptism: _____
Month Day Year

Please attach a copy of the Baptismal certificate for children baptized at another parish. If one is not available, request it and provide it by December 15th.

Church of Baptism: _____

Church Address: _____

City: _____ State: _____ Zip: _____

☐ Signature _____