



St. Joseph Catholic Church
Petersburg, Virginia

Confirmation Sacrament Information Form

Courses: 1 2 3 4 5 6	Date received	For Office use only:
Diocesan Retreat _____	Recorded/Bapt. Book	_____
Godparent form received _____	Recorded/ParishSoft	_____
Date of Confirmation: _____	Mass Time: _____	
Place of Confirmation: _____		

Are you currently registered with St. Joseph? Yes No

If not, to which parish are you registered? _____

Confirmation Preparation (please print)

Youth to be confirmed:

Youth's first, middle, & last name: _____

Male Female

Date of Birth: _____ City & State of Birth: _____

Church of Baptism (include city and state): _____

Church of First Communion (include city and state): _____

Attach sacramental certificate issued and stamped by a parish in the last six months. This certificate cannot be a copy that you received from a parish at the time of the celebration of the sacrament.

Baptism Certificate Received: Yes No Graduation Year and School: _____

Youth's Cell Phone: _____ Youth's email: _____

If the parish staff is permitted to communicate with them

If the parish staff is permitted to communicate with them

Parents:

Father's first, middle and last name: _____

Father's religion: _____ Father's phone & email: _____

Mother's first, middle and last name (including maiden name): _____

Mother's religion: _____ Mother's phone & email: _____

Family's address (include city, state and zip) _____

Formation Sessions:

- Six sessions spread throughout the fall and spring
 - Confirmation retreat (*Date will be communicated by the Christian Formation Office*)
- Regular attendance (*check which will be utilized*):
 - Youth Formation on Sunday Morning at St. Joseph
 - Catholic High School
 - Formation in a Home School Program
 - Other, please indicate: _____

Church Address:
151 W. Washington St.
Petersburg, VA 23803

Mailing Address:
PO Box 2006
Petersburg, VA 23804

Church Office:
(804) 733-3115

www.sjcpetersburg.com
st_joseph_church@sjcpetersburg.com

Christian Formation Office

Coordinator of Religious Formation: Deebe Robinson | Phone: (804) 733-3115 x 13 | Email: drobinson@sjcpetersburg.com



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Emergency Contact Information:

In the event of an emergency, we will contact parents at the numbers provided on the front. *In case we cannot reach a parent:*

Emergency Contact: _____

Phone Number: _____

Relationship to Candidate: _____

Specific Medical Information about the candidate:

— The candidate has allergic reactions (medication, food, plant, insect, etc.): _____

— The candidate has special needs to be aware of: _____

Godparent/Sponsor:

Please note: The sponsor must be a practicing Catholic, at least 16 years of age, having received the Sacrament of Confirmation, and if married, the union has been recognized as the Sacrament of Matrimony by the Catholic Church. The Godparent/ Sponsor must request a letter of good standing from their parish where they attend Mass. See attached form to designate an appropriate Godparent/Sponsor

First, middle and last name: _____

Parish (include location): _____

Sponsor form received: Yes No

Participant fee (covers basic expenses): \$75

Please attach a check made out to "St. Joseph Catholic Church," and "1st Sacraments" in the "Memo" line, or access the "Donations" page and click the appropriate Sacraments Contribution tab, please consider offering an additional 4% to the fee to cover the processing costs. Please communicate with Fr. Capuano if you have concern over finances.

Photo Release Statement:

— I hereby grant permission for my child to be photographed and/ or videotaped during events in the parish or parish activities. I understand that my child may decline to be photographed and/ or videotaped at any time. I further grant permission for the resulting photographs and/ or footage to be edited, if necessary, and then published and/ or broadcast for the purposes of promoting the faith formation program here at the parish and the diocese.

— I hereby DECLINE to grant permission for my child to be photographed and/ or videotaped during parish activities.

Name (please print): _____

Parent/ Guardian Signature: _____

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