



# St. Joseph Parish

1162 Lincoln Way Auburn California 95603  
(530) 885-2956

## Confirmation Registration Form

*Please include a copy of your child's Birth and Baptismal Certificate  
Dated within 6 months prior to receiving the Sacrament of Confirmation*

### PLEASE PRINT CLEARLY

Legal Name of Candidate: \_\_\_\_\_ M F

Confirmation Saint's Name: \_\_\_\_\_

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

School: \_\_\_\_\_ Height: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number : \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Candidate's Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Your child must be baptized and have received their First Communion prior to receiving Confirmation. If your child has not made these Sacraments, please make an appointment with the Pastor as soon as possible. If you do not have copies of either certificates, please contact the church where your child made their Sacraments and ask for copies to be emailed or faxed over to us.)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Check Off List:

Registration Form \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_  
(Baptismal Certificate must be dated 6 months prior to receiving the Sacrament of Confirmation)