

# 2014/2015 REGISTRATION FOR CONFIRMATION

Church of St. Joseph • 1154 Seminole Ave. • W. St. Paul, MN 55118 • 651-457-8841

\*\* To be filled out by parent/guardian with the candidate, and returned with a copy of the baptismal certificate (if no other sacraments were at St. Joseph's) before October 31st, 2014. Please mail or bring directly to the Faith Formation Office. Thank you.

Office Use Only

Date Rec'd:

\_\_\_\_/\_\_\_\_/\_\_\_\_

<u>Name of Candidate</u>			<u>M/F</u>	<u>Birthdate</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____	____/____/____	_____	_____
First	Middle	Last				

**Last Name:** \_\_\_\_\_ **Church Env. #:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Mother:** \_\_\_\_\_

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

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

**Phone: (h) \_\_\_\_\_ (cell) \_\_\_\_\_** **Phone: (h) \_\_\_\_\_ (cell) \_\_\_\_\_**

**E-mail:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

***Important:** We will be communicating via email, so please include your email address.*

**Parent or Guardian with whom child lives:**  
If parents are not living together, should we send mailings to both parents? Y / N  
Are parents registered at the Church of St. Joseph? Y / N  
Are parents registered with a different parish? Y / N If yes, which?

## BAPTISM

Was the candidate baptized at St. Joseph's? Y / N\* If yes, when? \_\_\_\_\_ (month/day/year)

*(If candidate had the sacrament of First Holy Communion here at St. Joe's, you do not need to submit a copy of the baptismal certificate.)*

\*If No, a copy of his/her baptismal certificate must be submitted with this registration.

Please send a copy only; copies will not be returned.

\*This can be faxed from the baptismal church to the Parish Office fax at 651-451-1272; Attn: Anne

Child's Birth City/State: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

## EUCCHARIST

Did the candidate celebrate First Eucharist? Y / N

Date: \_\_\_\_\_ Parish \_\_\_\_\_  
(mo / yr) (name, city & state)

## CONFIRMATION

Has the candidate ever been confirmed, even as an infant? Y / N

## SAINT NAME OPTION

Candidates have an option to choose a Saint Name for Confirmation. Please note that the saint's name cannot be adapted (i.e.: St. Alexander cannot be changed to "Alexandra"). Please mark which option you prefer and write in the Saint name below. If the candidate would like a Saint name but needs more time to choose one, write a "?" on the line below.\*

I would like a Saint's name. It is: \_\_\_\_\_

I choose not to have a Saint's name.

\*The latest a Saint name can be submitted is at the candidate's confirmation interview.

**CONFIRMATION SPONSORSHIP** - Please see back of form.

## SPONSORSHIP FOR THE SACRAMENT OF CONFIRMATION

Church documents tell us that sponsors fulfill a number of roles in the Sacrament of Confirmation. Listed below are some aspects of the role of “sponsor”:

1. A sponsor teaches a candidate from his/her own life of faith and guides the candidate along a path of prayer and discipleship.
2. A sponsor is therefore a friend to the candidate, giving him/her an example of living the Catholic faith.
3. A sponsor “presents” the candidate to the Church, attesting to the intention of the candidate to become an active member of the Catholic church.
4. The sponsor is to see that the confirmed person acts as a true witness to Christ and faithfully fulfills the obligations connected with the sacrament of Confirmation.

### In order to be a sponsor, one must be:

1. At least 16 years of age.
2. A Catholic who has already received the sacrament of Baptism, Confirmation, and Holy Eucharist.
3. A practicing Catholic who leads a life in harmony with the faith.
4. Free of any canonical penalty.

Because of the close connection between the sacraments of Baptism and Confirmation, it is desirable that the one who undertook the role of sponsor at Baptism would also be sponsor for Confirmation. Parents, however, may not act as confirmation sponsors for their children according to Canon Law.

### Please provide us with information about your sponsor:

Sponsor's name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State ZIP*

Phone: \_\_\_\_\_

Relationship to candidate: \_\_\_\_\_

- Any special seating needs for the candidate, sponsor or parents (i.e.: wheelchair accessibility or families that need to sit together because they are sponsoring a confirmation candidate from another family):

\_\_\_\_\_  
\_\_\_\_\_