



St. Joseph Catholic Church

Office of Faith Formation

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2024-2025 CONFIRMATION CANDIDATE NAME & SPONSOR FORM

*Return to Mr. Ellis, Mrs. Joseph, or parish office no later than **December 15, 2024***

Please PRINT all information

Candidate's Name _____

Address _____

City, State, Zip Code _____

Phone Number _____

School _____ **Church of Baptism** _____

Confirmation Name

The name I have chosen is _____ and the particular reason(s) I have chosen this name is because _____

Confirmation Sponsor Information

A sponsor must be a practicing Catholic and have received the Sacrament of Confirmation. A Sponsor **CANNOT** be a candidate's parent. If your sponsor **IS NOT** a member of St. Joseph Church, he/she will need to obtain a sponsor certificate from his/her home parish. The certificate can be mailed to St. Joseph Church, dropped off at the parish office, or attached to this form.

Sponsor's Name _____

Address _____

City, State, Zip _____

Phone Number _____

Member of _____ **Catholic Church**

Church Address _____