

Office of Lifelong Faith Formation  
3269 Main Street  
Buffalo, NY 14214



716-833-0298 x310  
[dbrennan@stjosephbuffalo.org](mailto:dbrennan@stjosephbuffalo.org)  
[www.stjosephbuffalo.org](http://www.stjosephbuffalo.org)

## Sacrament of Confirmation Adult Registration 2024-25

To register for the program: Full name \_\_\_\_\_

Nickname \_\_\_\_\_ (if preferred) Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name

phone #

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

Phone numbers: Do you wish to receive texts on your cell phone \_\_\_ Yes \_\_\_ No

Cell: \_\_\_\_\_

**Email:**

We communicate via Band and email to save on mailing and paper costs. We need a working email addresses, which you check regularly.

Please write legibly. Email \_\_\_\_\_

**Please attach a copy of your baptismal certificate.**

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

Church of 1<sup>st</sup> Eucharist \_\_\_\_\_ Date \_\_\_\_\_

Church of 1<sup>st</sup> Reconciliation \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Parishioner \_\_\_ Non-Parishioner

Do you have any Dietary restrictions or food allergies? \_\_\_\_\_

**Formal Faith Formation:** (please check and circle all that apply)

\_\_\_ I attended Catholic school for K 1 2 3 4 5 6 7 8 9 10

\_\_\_\_\_  
School(s)

\_\_\_ I attended Faith Formation for K 1 2 3 4 5 6 7 8 9 10

\_\_\_\_\_  
Parish(es)

\_\_\_ I am actively involved in at St. Joseph University Parish

Why do you want to be a part of the Confirmation journey this year?

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

What are your expectations and hopes for this process?

\_\_\_\_\_