



## SAINT JOSEPH CATHOLIC PARISH

173 ALBION STREET WAKEFIELD MASSACHUSETTS 01880

TEL 781.245.5770 FAX 781.246.2423 [www.stjosephwakefield.org](http://www.stjosephwakefield.org)

Please complete the following information and return this form to your mentor by **Sunday, March 22, 2026**. You may also drop the form at the Rectory or email it to me.

1. Please correct/provide the following information:

Candidate Name:

Date of Baptism:

Place of Baptism:

Parent's Names:

2. Confirmation Name

*In confirmation you have the opportunity to choose a name that speaks of your relationship with God. Choose the name of a saint who will be your patron/patroness for your Christian journey.*

The Saint's name that I have chosen to be my confirmation name is:

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*Please write your confirmation name*

3. Sponsor Name - Your sponsor must meet the following requirements:

- ✓ Over the age of 16
- ✓ Is confirmed his/herself
- ✓ Is a Catholic in good standing with the Catholic Church
- ✓ Feels that their faith makes a difference in their lives
- ✓ Commits to being a part of the confirmation process and more importantly to the faith walk after confirmation
- ✓ Is not a Parent

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*Please write your sponsor's full name*

4. My relationship to the sponsor

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*Please write your relationship*

5. I chose this person because

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*Please explain why you chose this person*



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March 11, 2026

Confirmation is almost here...it is on Friday, May 8<sup>th</sup> at 7:00 p.m.! The following information is necessary for your confirmation gown order. Your response may be approximate.

- Height (In the shoes you will be wearing): \_\_\_\_\_
- Weight: \_\_\_\_\_

**Your response (both forms) is appreciated by Sunday, March 22, 2026.** You may return the form to class, drop it off at the Rectory or email it to me. If you have any questions, please do not hesitate to contact me.

God bless,

A handwritten signature in blue ink that reads 'Diane Murphy'.

Diane Murphy  
RE Administrative Assistant  
dmurphy@stjosephwakefield.org