

## St. Joseph Catholic Church

Office of Faith Formation, Confirmation Preparation  
12700 Pearl Road, Strongsville OH 44136  
440.238.5555, ext. 107 or 108



Dear Parents,

Our records indicate that you have a child who is eligible to prepare to receive **Confirmation** at St. Joseph Catholic Church next spring. If it is your intention to prepare your child to be confirmed with us, please complete this form and return it, the \$60 sacramental fee, and a current copy (newly issued) of your child's Baptismal Certificate to the Office of Faith Formation at St. Joseph Catholic Church by **September 4, 2026**. If your child was baptized here, at St. Joseph Catholic Church, you may ignore the certificate mandate.

Once we have received this completed form, the fee, and the newly issued Baptismal Certificate, we will include you in our future email communications regarding preparation for the sacrament.

If you have any questions regarding sacramental preparation, please contact the Office of Faith Formation.

Sincerely,

Linda Zvoncheck

Director of Faith Formation; lzvoncheck@sjohio.org

Child's Name \_\_\_\_\_  
First Middle Last

Child's School (2026-27) \_\_\_\_\_ Grade (2026-27) \_\_\_\_\_

Father's Full Name \_\_\_\_\_  
First Middle Last

Mother's Full Name \_\_\_\_\_  
First Middle (Maiden) Last

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

City, ST \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

***Please provide a reliable email address as email will be our only means of communication going forward.***

Date of Birth \_\_\_\_\_ City, State of Birth \_\_\_\_\_

Baptismal Church Name \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Baptismal Church Street Address \_\_\_\_\_

Baptismal Church City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

The sacramental fee of \$60 may be paid by cash or check to "St. Joseph Catholic Church."

Office Use Only: Date \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_