

Sacrament Preparation Registration Sheet

Proof of Baptism must be on file BEFORE sacrament preparation begins!

Please be complete and accurate. The information requested below is necessary to insure that reception of sacraments is properly recorded in the Parish records. *PLEASE PRINT NEATLY*

Date _____

For the Sacrament of (*check all that apply*):

1st Penance _____ 1st Communion _____ Confirmation _____

CANDIDATE'S NAME _____
Please print name exactly as you would like it to appear on the certificate

Candidate's Date of Birth _____ Place of Birth _____
City and State

Grade _____ (For the school year during which the Sacraments will be received)

Home Phone _____ Alternate Phone _____

Street Address _____

City, State, Zip _____

Family's Email _____

Candidate's Email _____
(Confirmation Candidates only)

Location of Baptism _____
Church *City & State*

Street Address (optional)

Date of Baptism _____

PARENT'S NAMES (Please do not leave blanks. Step-parent names should be listed below as indicated.)

Father's Full Name _____
First Middle Last

Mother's Full Name _____
First Middle Last Maiden

Step-Parent's Name _____

RELIGIOUS EDUCATION HISTORY:

Location _____ # Years _____

Location _____ # Years _____