SACRAMENT Registration FORM

Name of Candidate:_____
First Middle Last

Complete Mailing Address:_____
House # & Street City/Prov. Postal Code
Phone Number:_____

Birthdate:_____ **Where:**_____
Month Day Year City Province
Baptism Date:_____**Where:**_____**Church:**_____

School and Grade:_____

Father's First and Last Name:_____

Mother's First and Maiden Name:_____

For Which Sacraments are you preparing for: (circle the ones that relates to your child)

First Reconciliation I have received I am preparing

Date of Reconciliation _____ Church_____

Confirmation I am preparing

First Communion I have received I am preparing

Date of First Communion_____ Church_____

A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE IS REQUIRED. IF YOUR CHILD WAS BAPTIZED IN ASSUMPTION, ST. DOMINIC OR ST. PETER AND ST. PAUL, WE HAVE THEM ON RECORD. FOR EVERYONE ELSE PLEASE HAND IN A COPY OF BAPTISMAL CERTIFICATE AT THE FIRST CLASS.

THANK YOU.

(For Office Use only)

Baptismal Certificate _____Yes _____No