FOR OFFICE USE ONLY

Copy of Baptismal Certificate on File?

_____Yes _____No

SACRAMENTAL RECORD

Student Name _____
First Middle Last

City of Birth _____ Birth Date _____
Month Day Year

Father's Name_____
First Middle Last

Mother's Name_____
First Middle Last (Maiden Name)

Family Address_____
Street City Zip Code

Home Phone #_____ Other Phone # _____

Has the child been baptized? _____Yes _____ No

Date of Baptism _____ Church of Baptism_____
Month Day Year

Address of Church_____

Date of First Reconciliation _____ Date of First Eucharist _____
Month Day Year Month Day Year

Date of Confirmation_____
Month Day Year

IF YOUR STUDENT WAS NOT BAPTIZED HERE AT ST. JOSEPH'S YOU MUST PROVIDE A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE. IF YOU HAVE QUESTIONS, PLEASE CALL THE PARISH OFFICE (631-5983).

If you have returned this form in past years, please do not send this back. If in doubt, please return this form.

NOTES: