

STUDENT SACRAMENTAL REGISTRATION FORM

Student's Name: _____
First Name Middle Name Last Name

Student's Parish: _____ Student's Religion: _____
With ascription, e.g., Roman Catholic, Byzantine Catholic, etc.

Place of Birth: _____ Date of Birth: _____
City, State

Parent's Name: _____
First Name Middle Name Last Name Maiden Name

Parent's Email: _____ Parent's Phone: _____

Natural Parent Adoptive Parent Parent's Religion: _____
With ascription, e.g., Roman Catholic, Byzantine Catholic, etc.

Parent's Name: _____
First Name Middle Name Last Name Maiden Name

Parent's Email: _____ Parent's Phone: _____

Natural Parent Adoptive Parent Parent's Religion: _____
With ascription, e.g., Roman Catholic, Byzantine Catholic, etc.

Family Address: _____
Street, City, State ZIP

BAPTISM	Attach a certificate issued within the last six months.
Church: _____	Date: _____
Address: _____ Street, City, State ZIP	
Profession of Faith	
If the student was baptized non-Catholic and later received into the Catholic Church by a profession of faith:	
Church: _____	Date: _____
Address: _____ Street, City, State ZIP	

FIRST COMMUNION	Attach a certificate issued within the last six months.
Church: _____	Date: _____
Address: _____ Street, City, State ZIP	

CONFIRMATION	Attach a certificate issued within the last six months.
Church: _____	Date: _____
Address: _____ Street, City, State ZIP	