

SAINT XAVIER CHURCH
RELIGIOUS EDUCATION INFORMATION SHEET

(PLEASE PRINT)

CHILD'S Full NAME _____

City/State of Birth _____

Date of Birth _____ Age _____

School Grade Level _____

Sacraments

Baptism

Date of Baptism _____

Place _____

Address and Zip _____

(Baptismal Certificate is needed if Baptism was not at St. Xavier Church)

1ST Communion

Request 1st Communion

Date of 1st Communion _____

Place _____

Request Confirmation

CONTACT INFORMATION

Father _____

Mother (include maiden) _____

Phone _____

Phone _____

Email _____

Email _____

Mailing Address (include city, state, zip)

