

SACRAMENT DOCUMENTATION

(One for each child)

DATE: _____

OFFICE USE

Child's Name (First, Middle, Last): _____

Birth Date (Month, Day, Year): _____

Place of Birth (City, State): _____

Father's Name (First, Last): _____

Mother's Name (First, Maiden): _____

Has your child been baptized? Yes ___ No ___

If yes,

Roman Catholic Baptism Date: _____

Name & Address of Church: _____

Attach Copy of Certificate: (Turn in form even if you do not have cert. yet.) _____

If baptized in another denomination (faith):

Date: _____

Name and Address of Church: _____

Attach Copy of Certificate: (Turn in form even if you do not have cert. yet.)

If baptized in a non-Catholic church, was there a formal reception into Full Communion with the Roman Catholic Church later? Yes ___ No ___

If yes, Date: _____

Name and Address of Church: _____

Attach Copy of Certificate: (Turn in form even if you do not have cert. yet.) _____

See reverse for further questions.

Has your child received First Reconciliation? Yes ___ No ___

If yes,

Date of First Reconciliation: _____

Name & Address of Church: _____

Attach Copy of Certificate: (Turn in form even if you do not have cert. yet.) n/r _____

Has your child received First Eucharist? Yes ___ No ___

If yes,

Date of First Eucharist: _____

Name & Address of Church: _____

Attach Copy of Certificate: (Turn in form even if you do not have cert. yet.) _____

Has your child received Confirmation? Yes ___ No ___

If yes,

Date of Confirmation: _____

Name & Address of Church: _____

Attach Copy of Certificate: (Turn in form even if you do not have cert. yet.) _____

Thank you very much for your assistance!