

Registration for the Reception of a Sacrament

PLEASE FILL IN THE TOP SECTION AND THE ONE INDICATED WITH AN "X": (Please print)

COMPLETE THIS SECTION
(Mandatory in all cases)



FULL NAME (OF PERSON WHO IS TO RECEIVE THE SACRAMENT)

CURRENT ADDRESS

FATHER'S FULL NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH

PLACE OF BIRTH (CITY, STATE)

DATE OF BAPTISM

PLACE OF BAPTISM (CITY, STATE)

NAME OF CHURCH WHERE BAPTIZED

Please initial when completed

issued certificate

entered in register

BAPTISM



SPONSOR 1

SPONSOR 2

PRIEST

FIRST HOLY COMMUNION



DATE OF 1ST HOLY COMMUNION

AGE

CITY, STATE

NAME OF CHURCH

PASTOR

Please initial when completed

issued certificate

entered in register

CONFIRMATION



DATE OF CONFIRMATION

AGE

CITY, STATE

NAME OF CHURCH WHERE CONFIRMED

SPONSOR

CONFIRMATION NAME

PASTOR

BISHOP

Please initial when completed

issued certificate

entered in register

MATRIMONY



NAME

NAME

DATE OF MARRIAGE

LICENSED IN THE STATE OF:

NAME OF CHURCH WHERE MARRIED

CITY, STATE

PRIEST

WITNESS

WITNESS

Please initial when completed

issued certificate

entered in register