

# SACRAMENT REGISTRATION FORM

Student's Last Name \_\_\_\_\_

Student's First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Preferred Phone \_\_\_\_\_

Parent's Email \_\_\_\_\_

Father's Last Name \_\_\_\_\_

Father's First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Father's Religion \_\_\_\_\_

Mother's Last Name \_\_\_\_\_

Mother's First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Mother's Religion \_\_\_\_\_

Student's Birthdate \_\_\_\_\_

Sacrament of Baptism (year received): \_\_\_\_\_

**Attach copy of Baptismal Certificate and provide to the Parish Office,  
ATTN: Coordinator of Sacrament Preparation, by NLT Nov. 1, 2023**