

ST. ELIZABETH ANN SETON ROMAN CATHOLIC CHURCH
Sacrament Registration Form

Revised November 12, 2025

Child's Information: *Complete this registration form for each child receiving a sacrament this year*

Child's Name: _____
(First) (Middle) (Last Name if different from Family Name above)

Name of school child currently attends: _____ Current Grade: _____

Child's Birthdate: _____
(Month) (Day) (Year)

Baptism Date: _____ Military Record Number: _____
(Only if applicable)

Church of Baptism: _____
(Street Address) (City, State & Zip, & Country, if not USA)

Location of Religious Formation completed last year: _____ Grade: _____

Sacrament(s) to be Received *this Year*:

☐ Penance for the First Time ☐ Eucharist for the First Time ☐ Confirmation

Parent's Information:

Father's Full Name: _____
(First) (Middle) (Last Name)

Religious Affiliation: _____

Mother's Full Maiden Name: _____
(First) (Middle) (Last Name)

Religious Affiliation: _____

Home Address: _____
(Street) (City, State & Zip)

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

Primary Email: _____ Secondary Email: _____