SACRAMENTAL PREPARATION

DATE RECEIVED: _____

(Please fill out this form completely and accurately)

Personal Information

Full Name: _____

Date of Birth: _____

Date of Baptism: _____

Place of Baptism: _____

Date/Place of First Communion (if applicable): _____

Address: _____

City: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

Parent/Guardian Information

Who does the student live with?

_____

Father's Name: _____

Religion: _____

Contact Number: _____

Mother's Name: _____

Religion: _____

Contact Number: _____

Guardian's Name (if applicable): _____

Relationship with Student: _____

Contact Number: _____

Academic Information

Applying for:

1st Communion/Confirmation (circle one)

Current School Name: _____

Current Grade: _____

Emergency Contact

Name: _____

Relationship: _____

Contact Number: _____

- May we text you (reminders and important information only)? yes no _____

Please note: a valid baptismal certificate is required for Sacramental Preparation; however, if your student was baptized at St. Ann, St. Joseph, St. Michael or St. Peter, you do not need to provide this certificate._

5. Student Individual Need Information

Does the student have any medical conditions?

_____

Allergies (if any): _____

6. Additional Information

Are there any individual needs, learning or otherwise, that you would like us to be aware of?

Declaration

I, the undersigned, declare that all the information provided above is true and accurate to the best of my knowledge.

Signature of Parent/Guardian: _____

Date: _____

FOR OFFICE USE ONLY:

Date of Sacrament: _____

Sacrament Received: _____

Celebrant: _____

Confirmation only:

Confirmation Sponsor: _____

Confirmation Name: _____