



OUR LADY
OF KNOCK
PARISH

OFFICE OF RELIGIOUS EDUCATION

Family Information Form

Family name: _____

Address: _____ Town _____ Zip code _____

Father's name: _____ Religion _____ Occupation _____

Father's cell number: _____ Father's email _____

Mother's name: _____ Religion _____ Occupation _____

Mother's cell number: _____ Mother's email _____

Parent(s): Married Single Widowed Deceased Divorced

Children live with: Both parents Mother Father Other _____

NOTE: If parents are separated or divorced and both parents wish to be informed of upcoming events, please provide the details for this additional household.

Additional Household

Name of parent _____

Address _____ Town _____ Zip code _____

Best phone number _____ Email _____

In case of Emergency Contact (if both parents are not available):

Name _____ Relationship to Student _____

Best phone number to reach Emergency Contact _____

Special Medical Concerns/Allergies: _____

Doctor _____ Phone number _____

Sacramental Information

For those students and families beginning in Religious Education for the first time, **please provide copies of Sacramental Certificates** for the Sacraments that the child has already received *if they were not received at St. Patrick or St. Mary Star of the Sea Churches.*

Child's Name (1): Grade in 2026:	DOB (mm/dd/yyyy): School:	Place of birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Sacramental Information

Baptism: Parish of Baptism _____
City/State _____ Date _____

First Communion: Parish of First Communion _____
City/State _____ Date _____

Child's Name (2): Grade in 2026:	DOB (mm/dd/yyyy): School:	Place of birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Sacramental Information

Baptism: Parish of Baptism _____
City/State _____ Date _____

First Communion: Parish of First Communion _____
City/State _____ Date _____

Child's Name (3): Grade in 2026:	DOB (mm/dd/yyyy): School:	Place of birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Sacramental Information

Baptism: Parish of Baptism _____
City/State _____ Date _____

First Communion: Parish of First Communion _____
City/State _____ Date _____

Child's Name (4): Grade in 2026:	DOB (mm/dd/yyyy): School:	Place of birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Sacramental Information

Baptism: Parish of Baptism _____
City/State _____ Date _____

First Communion: Parish of First Communion _____
City/State _____ Date _____