Saint Thomas of Villanova

Sacrament Registration Form

2010-2011

Please fill out one form per child. Please <u>print</u>. Return to Religious Education Office.

Candidate for

_____Baptism ____ Reconciliation ____Eucharist ____Confirmation

Date: _____

Student Name_____ _____ _____
(First) **(M.I.)** **(Last)**

Gender_____ Birth City/State_____ Date_____

Special Health/Learning Concerns _____

Upcoming Grade as of September 2010_____ **Child's School**_____

Candidate's Sacrament Information

Church* of Baptism:_____ City/State_____Date_____

Church* of First Reconciliation:_____City/State_____Date_____

Church* of First Eucharist:_____ City/State_____Date_____

*<u>Copies of sacrament certificates **MUST** accompany this form if other than St. Thomas Church</u>.

_____

Previous Religious Education. Years_____
Location_____

Candidate <u>FAMILY</u> INFORMATION

Last Name if other than child's _____

Address_____

City_____ State_____ Zip Code_____ Home Phone (____)_____
Family E-Mail Address_____

Name: Father's_____ Mother's_____ Maiden Name:_____
Religion: Father's_____ Mother's_____
Work Phone: Father's_____ Mother's_____

Marital Status (please check) Married_____ Widowed_____ Divorced_____ Single Parent_____

With whom does the child reside_____