



# Saint Thomas of Villanova Sacrament Registration Form 2018-2019

Please fill out one form per child. Please print. Return to Religious Education Office

## Candidate for:

\_\_\_ Baptism      \_\_\_ Reconciliation      \_\_\_ Eucharist      \_\_\_ Confirmation

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(First) (M.I.) (Last)

Gender: \_\_\_\_\_ Birth City/State: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Special Health/Learning Concerns: \_\_\_\_\_

Upcoming Grade as of September 2018: \_\_\_\_\_ Child's School: \_\_\_\_\_

## Candidate's Sacrament Information

Church\* of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Church\* of 1<sup>st</sup> Reconciliation: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Church\* of 1<sup>st</sup> Eucharist: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Copies of sacrament certificates MUST accompany this form if other than St. Thomas of Villanova Church.**

Previous Religious Education Years: \_\_\_\_\_ Location: \_\_\_\_\_

## Candidate FAMILY Information

Last Name (if other than child's): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Family E-mail Address: \_\_\_\_\_

Name: Father's: \_\_\_\_\_ Mother's: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Religion: Father's: \_\_\_\_\_ Mother's: \_\_\_\_\_

Cell Phone: Father's: \_\_\_\_\_ Mother's: \_\_\_\_\_

Marital Status (Please check): Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Single Parent \_\_\_

With whom does the child reside: \_\_\_\_\_

Any special needs your child has that we should be aware of: \_\_\_\_\_