



Saint Thomas of Villanova Sacrament Registration Form 2015-2016

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 2015: _____ Child's School: _____

Candidate's Sacrament Information

Church* of Baptism: _____ City/State: _____ Date: _____

Church* of 1st Reconciliation: _____ City/State: _____ Date: _____

Church* of 1st 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: _____