



Sacrament Registration Form 2021-2022

Please fill out one form per child.

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 2021: 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:

Parent Names: Father: Mother: 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: