



Candidate Registration Form

Name _____
First Middle Last

Address _____

City _____ Zip _____

Phone# _____

Email _____

Date of Birth _____

Date of Baptism _____

Parish of Baptism _____

*If you were not baptized at St. Paul you must provide a copy of your baptismal certificate

Mother's Name _____

Mother's Maiden Name _____

Mother's Phone# _____

Father's Name _____

Father's Phone# _____

Candidate lives with:

Mother _____ Father _____ Both _____ Other _____

Any other important information we should know:

Sacramental Fee is \$20, which includes the cost of the retreat.

Please make checks payable to: St. Paul Church

Sacramental fee is: Enclosed _____

Will be Mailed _____