

Registration for Sacraments Date: _____

Parish where registered: _____

Program you would like to register for:

- Baptism - *birth certificate required* Godfather: _____ Godmother: _____
- First Eucharist/First Reconciliation - *birth certificate and baptism certificate required*
- Confirmation - *birth certificate and baptism certificate required* Sponsor: _____
- RCIC – *birth certificate required, (baptism certificate also if baptized)* Sponsor: _____
 Candidate Catechumen

Full Legal Name of Youth: _____ Male Female
First Middle Last 2nd Last

Date of Birth: _____ Grade: _____ Age: _____ Race: _____
Month Day Year (Optional)

Address: _____
Street City Zip

Phone: _____ Alt. Phone: _____ Youth phone (if applicable) _____

Father's Full Legal Name: _____ Religion: _____
First Middle Last (2nd Last)

Mother's Full Legal Name: _____ Religion: _____
First Middle Last (2nd Last)

Mother's Full Maiden Name: _____
First Middle Last (2nd Last)

Are parents married? Yes No In the Catholic faith? Yes No Divorced? Yes No
If divorced, which parent has primary custody? Mother Father Are parents deceased? Mother Father

Parent email: _____ Youth email: _____

Legal Guardian(s) if other than parent(s): _____

Sponsor/Godparent Information: Baptisms should have one man and one woman for the role of Godparent/Sponsor. RCIC and Confirmation require only one Godparent/Sponsor, who is not the youth's parent or sibling and preferably is the same gender. First Eucharist does not require any Godparents/Sponsors however some cultures do have them. **All Godparents/Sponsors MUST complete a "Sponsor Statement Form"**

For First Eucharist/First Reconciliation, Confirmation and baptized RCIC candidates, please attach birth and baptism certificates.

Date of Baptism: _____ Religion: _____
Month Day Year

Church of Baptism Name: _____

Baptism Church Address: _____
Street (or P.O. Box) City State Zip

Godfather: _____ Godmother: _____

Saint Name: To be filled out by Confirmation and RCIC Candidates. Candidates need to choose the name of a saint they like, admire or identify with and will be Confirmed with that name.

Saint Name: _____

Office Use:
 Scheduled prep time: _____ Scheduled sacrament date & time: _____
 Date sacrament(s) received: _____ Presider: _____
 Sacrament(s) received on above date: Baptism Communion Confirmation
 Certificate issued Date: _____ By: _____
 Recorded in: _____ Date: _____ By: _____