

SACRAMENTAL RECORD/ RELIGIOUS EDUCATION REGISTRATION

Name of Person Receiving the Sacrament: _____ Date: _____

Date and Place of Birth: _____

Sacrament: _____ Date of the Sacrament: _____

Date of Baptism: _____

Church of Baptism: _____

Address: _____

Church Phone: _____



Mother Name: _____ Father Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Godmother Name: _____ Godfather Name: _____

Phone: _____ Phone: _____