



2nd Grade Sacraments Information Form

2016-2017 Holy Trinity Religious Education

Please print clearly; the information will be used to complete the parish Sacramental Registry.

Child's Information

Child's Full Name: _____
(First) (Middle) (Last)

Child's Birth Date: _____ Child's Birthplace (City & State) _____

Parent Information

Father's Full Name _____

Mother's Full Name _____ Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Baptismal Information

Was the child baptized in the Catholic Church? ___ Yes ___ No

If baptized in a Christian Church other than the Catholic Church, did the child make a Profession of Faith? ___ Yes ___ No

If yes, what is the name of the Church of Baptism _____

Church Address: _____

Church City: _____ State: _____ Zip: _____

Date of Baptism: _____

PLEASE CHECK ONE OF THE FOLLOWING:

- The child was baptized at Holy Trinity, please check the church records.
- A copy of the child's baptismal certificate is attached.