

St. Timothy Catholic Church

SACRAMENT PREPARATION 2016/2017

Catechesis of the Good Shepherd



SACRAMENTAL INFORMATION FORM

This form is necessary for the proper recording of Sacraments.
Please complete and return this form to the Center for Catechesis.

I am requesting the sacrament(s) of: Reconciliation _____ First Holy Eucharist _____ Confirmation _____

Child's Legal Name: _____
First Middle Last

Birth Name (if different from above): _____

Address: _____
Street City State Zip

Birthdate: ____/____/____ Grade ____ Age ____ City & State of Birth: _____

Birth Father's Name: _____
First Middle Last

Phone: _____ Email Address: _____

Birth Mother's Name: _____
First Middle Last (Include Maiden Name)

Phone: _____ Email Address: _____

Child lives with: _____ Both Parents _____ Mother _____ Father _____ Other, List _____

Sponsor's FULL name: _____
(If known at this time) First Last *(Must be a Confirmed, Practicing Catholic)*

Child's Confirmation Saint Name: _____
(If known at this time)

PLEASE COMPLETE THE FOLLOWING AND ATTACH A COPY OF YOUR BAPTISMAL CERTIFICATE
(you can get this at the parish where you were baptized) These must be turned in before we can register your child

BAPTISM:

Date of Baptism: _____

Church of Baptism: _____ Denomination: _____

Address: _____ City, State & Zip: _____

Signature _____ Date _____

Due week of December 1, 2016