

Church of the Holy Angels

Sacramental Registration Form

2019-2020

Sacraments your child will be receiving: _____ First Reconciliation _____ First Eucharist

Student's Baptismal Name: _____

Student prefers to be called: _____

Address: _____
City
St
Zip

Phone: (H) (____) _____ (W) (____) _____ (Mom or Dad?)

Email: _____ Grade _____

Date of Birth ____/____/____ Place of Birth: _____
City
St

Did your child complete a 1st grade Religious Education program? Yes No

Where? _____

WE MUST HAVE COMPLETE BAPTISMAL INFORMATION FOR OUR PERMANENT RECORD BOOKS. A NEW BAPTISMAL CERTIFICATE REQUESTED FROM THE CHILD'S CHURCH OF BAPTISM MUST ACCOMPANY THIS FORM. DO NOT TURN IN YOUR ORIGINAL CERTIFICATE FROM HOME.

Baptism Date: ____/____/____

Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Family Name as Registered (if different): _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Maiden Name: _____ Religion: _____

FEE SCHEDULE: \$30.00 for *each* Sacrament the child will be receiving (\$60.00 total)

Make checks payable to **HOLY ANGELS RELIGIOUS EDUCATION OFFICE**

Credit Card # ____ - ____ - ____ - ____ Exp. Date ____ / ____

Security Code: _____ Signature: _____

<i>For Office Use Only:</i> Fees Due \$ _____ Amt Paid _____ Cash _____ Check # _____ CC # _____					
____/____/____ Date Rec'd	Baptism at HA Verified ____/____/____				
____/____/____ Filed PDS	Sac. Record Page # _____				