

Please attach the student's Baptismal Certificate by December 2 to receive Sacraments this year.

SAINT PETER'S PARISH
Sacramental Registration
Form
2020-2021

If you have any questions, contact Cindy Dixon at 301-570-4952 or cindy.dixon@stpetersolney.org

Student information (please print clearly)

Participant's Name: _____ Birth date: ____/____/____ Sex: M/F
First Last month date year

Address: _____
Street City State Zip

Home Phone: _____

Family Email: _____

Attending (check one) ___SOR ___Parochial School

Religion: _____ Place of Birth (city, state) _____

Sacramental Information:

Please **circle** the Sacraments seeking: Baptism Penance Eucharist Confirmation

*If child has received any of these Sacraments already please provide the following information:

Baptism: circle one Catholic Non-Catholic **

Date: _____ Name of Priest/Minister: _____

Name of Church: _____ Godparent(s)/Sponsor(s) Names:

Address: _____

Parent(s) Information:

Mother's Name: _____
First Maiden Last

Home Phone: _____ Mobile Phone: _____

Religion: _____ Email: _____

Father's Name: _____
First Last

Home Phone: _____ Mobile Phone: _____

Religion: _____ Email: _____

** Non-Catholic children may become Catholic if one parent is already Catholic. A profession of faith is required before First Reconciliation. Please contact the SOR office ASAP.