

Adult Sacrament Preparation Registration Form
Our Lady of Perpetual Help Church
929 Harvard Clovis, CA 93612
559-299-4270 www.olphclovis.org

Name: _____
(Last) (First) (Middle)

Address: _____
(Street Address) (Apt. No.) (City) (Zip Code)

Telephone: _____ E- Mail: _____

City & State of Birth: _____ Date of Birth: _____

Father: _____ Mother: _____
(Full Name) (Full Maiden Name)

Sacrament Information

Have you been baptized in any Church? Yes _____ No _____

Church of your Baptism: _____ Date of Baptism: _____

Address: _____

If you are Catholic, have you received the Sacrament of Eucharist? Yes _____ No _____

Church of your First Communion: _____ Date of First Communion: _____

If you are Catholic, have you been Confirmed? Yes _____ No _____

Church of Confirmation: _____ Date of Confirmation: _____

Note: Please supply a copy of your Baptism Certificate upon registration.

Marital Information

Are you married? Yes _____ No _____

Where did this wedding take place? _____ When? _____

Were you previously married? Yes _____ No _____ Was your spouse? Yes _____ No _____

Where did this wedding take place? _____ When? _____

For office use only:

Fee: _____ Paid: _____ Book # _____ Rct. # _____ Date: _____ Certificates rec'd _____