**SAINT KATHARINE DREXEL PARISH**
**SACRAMENTAL PREPARATION REGISTRATION**
**2020-2021**

**SECTION I:** CANDIDATE INFORMATION

Full Name: _____
First Middle Last

School Attending: _____ Grade: _____

Please indicate if your child has any medical or learning issues that we should be aware of:

_____

Date of Birth: _____ City/State of Birth: _____

Church of Baptism: _____ City/State: _____

Date of Baptism: _____

Church of First Communion: _____ City/State: _____

Date of First Communion: _____

**NOTE: If not baptized at one of the predecessor parishes to Saint Katharine Drexel (Ave Maria, St. Agnes, St. Joseph, St. Oliver Plunkett, or St. Thomas Aquinas) then a copy of the child's baptismal certificate must be obtained and submitted with this form.**

**SECTION II:** FAMILY INFORMATION

Address: _____
Street City State Zip

Phone: (Home) _____ (Cell) _____

Father's Name: _____ Catholic___ Non-Catholic___

Mother's Name (w/Maiden Name): _____ Catholic___ Non-Catholic___

Parents' Marital Status: _____

***If applicable:***
Guardian's Name: _____

Guardian's Relationship to Candidate: _____

Please specify any custody issues: _____
(e.g. if there are any issues, please indicate who has legal custody of the child)