

CHILD'S NAME _____
 (First Name) (Middle) (Last Name)

Date of Birth _____ Gender: Male or Female

Religion _____

School/College _____ Grade _____

(Answer Yes or No to the following ?'s)

Baptized? _____ 1st Communion? _____ Confirmation? _____

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RELATIVES LIVING WITH FAMILY. RELATIONSHIP? _____	SICK OR AGED? _____	DO THEY WISH SACRAMENTS BROUGHT TO THEM? _____
Name _____ Birthdate _____	Name _____ Birthdate _____	Name _____ Birthdate _____
Occupation? _____ Religion _____	Occupation? _____ Religion _____	Occupation? _____ Religion _____
Answer Yes or No to the following ?'s)		
Baptized? _____ 1st Communion? _____ Confirmation? _____	Baptized? _____ 1st Communion? _____ Confirmation? _____	Baptized? _____ 1st Communion? _____ Confirmation? _____