

**St. Elizabeth Ann Seton Parish
Religious Education
61 Main Street
Flanders, NJ 07836
973-927-7077**

PERMANENT RECORD INFORMATION

STUDENT'S BAPTISMAL NAME: _____

ADDRESS: _____

TEL. # _____

Home	Work	Cell Phone
DATE OF BIRTH	Email	

PLACE OF BIRTH: _____

FATHER'S FULL NAME: _____

RELIGION: _____ **OCCUPATION:** _____ **LIVING/DECEASED:** Circle One

MOTHER'S NAME: _____
(First Name) (Maiden Name Required)

RELIGION: _____ **OCCUPATION:** _____ **LIVING/DEC**

GUARDIAN _____ **RELATIONSHIP** _____
(If applicable)

EMERGENCY CONTACT PERSON: _____ **Home Phone#** _____
Work # _____
Cell Phone# _____
E-Mail _____

ANY MEDICAL or LEARNING DISABILITIES WE SHOULD BE AWARE OF?

SACRAMENTS:	DATE	CHURCH & ADDRESS	<small>(VERIFIED BY OFFICE)</small>
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BAPTISM _____

RECONCILIATION _____

EUCCHARIST _____

REGISTERED PARISHIONER _____