SACRAMENTAL RECORDS INFORMATION

Child's Full Baptismal Name: ______________________________
First Middle Last

Place of Birth: ______________________________
City State

Date of Birth: ______________________________
Month Day Year

Place of Baptism: ______________ ______________
Name of Parish City State

Date of Baptism: ______________________________
Month Day Year

Mailing Address of place of Baptism (if the child was <u>not</u> baptized at Resurrection):

Church Name: ______________________________

Address: ______________________________
Street City State Zip

Current Home Mailing Address:

____
Street City State Zip

Mother's Full Name: ______________________________
First Middle Last (Maiden)

Father's Full Name: ______________________________
First Middle Last

Family Email Address**:** ______________________________

Our family is currently registered as a member of this parish: YES or NO (circle one)

→ NOTE: IF YOUR CHILD WAS NOT BAPTIZED AT RESURRECTION, PLEASE ATTACH A COPY OF HIS OR HER BAPTISMAL CERTIFICATE (A PHOTOCOPY IS ACCEPTABLE).

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FOR OFFICE USE ONLY

Date of First Holy Eucharist: ______________________________