

PLEASE PRINT

Please list other children in your household, if any, and their ages. _____

SPONSORS/GODPARENTS

MALE (Name):

FEMALE (Name):

First MI Last

First MI Last

Address

Address

City State Zip

City State Zip

Phone

Phone

Yes_____ No_____

He/She is a baptized Catholic
If not, their faith is...?

Yes_____ No_____

Yes_____ No_____

He/She received Eucharist

Yes_____ No_____

Yes_____ No_____

He/She is Confirmed

Yes_____ No_____

Yes_____ No_____

He/She is a practicing Catholic

Yes_____ No_____

Date of Birth _____

Date of Birth _____

My Sponsor(s) is/are registered members of _____ PARISH.

FOR OFFICE USE ONLY

Class Attended: ____/____/____

Parent/Sponsors in attendance:

Parent _____

Sponsor _____

Parent _____

Sponsor _____

Fee Pd. _____