

Sacramental Preparation

Registration Form

My child is preparing for: First Reconciliation/Eucharist _____
Confirmation _____
Baptism _____

Candidate's Name: _____
(First) (Middle) (Last)

Candidate's Birth Date: _____ Birthplace (City/State) _____

Has your child been baptized? _____ Yes _____ No
If no, please contact Mary Vonderbrink in the church office.

PARENT CONTACT INFORMATION

Father/Guardian Full Name: _____

Mother/Guardian Full Name: _____

Birth Mother's Maiden (Required): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: (parent) _____

PARISHIONER VALIDATION

Is the Candidate a registered parishioner of Ss. Peter and Paul Catholic Church? _____ Yes _____ No

BAPTISM & FIRST EUCHARIST VALIDATION

Was the Candidate baptized at Ss. Peter and Paul Catholic Church? ____ Yes ____ No If yes, what year _____

If No, Church of Baptism: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Baptism: _____

Date of First Eucharist: _____

Copies of OFFICIAL (with church seal) certificates are REQUIRED.