

Sacramental Data Form

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Saint Theresa Parish and School

Name (first, middle, last) _____

Home Address _____ (City/Zip) _____

Contact Phone (_____) _____

Date of Birth _____ **Place of Birth** (City/State) _____

Baptized? _____ **If so, in what denomination?** _____

Date of baptism _____ *Church of Baptism* _____

Place (City/State) _____

First Communion? _____ **Date** _____ **Church/Place** _____

Reconciliation? _____ **Date** _____ **Church/Place** _____

Father's Full Name (first, middle, last) _____

Religion _____

Mother's Maiden Name (first, middle, last) _____

Religion _____

Sacramental Preparation Requested

(please indicate by check mark)

_____ **Full initiation into the Roman Catholic Church (Easter Vigil)**

_____ **First Reconciliation**

_____ **First Holy Communion/Confirmation (Restored Order)**

_____ **Confirmation**

Please note: This is NOT a registration form.