



Blessed Sacrament Cathedral



Sacramental Formation Registration



FAMILY'S LAST NAME: _____

Father's Name: _____

Religion: _____

Mother's Name: _____

Religion: _____

Mother's Maiden Name: _____

The child lives with: _____ both parents _____ mother _____ father

(Stepfather's Name): _____ (Stepmother's Name): _____

Email Address: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

Home Phone Number: _____ Cell Phone Number: _____

Are you registered at Blessed Sacrament Cathedral? Yes _____ No _____

Child's Name: _____ DOB: _____

Grade: _____ School: _____

Baptism _____ Date: _____ Church of Baptism: _____

Address of Church of Baptism: _____

City: _____ State: _____ Zip Code: _____

No matter where your child was baptized (unless at Blessed Sacrament Cathedral Parish) a copy of their Baptismal Certificate **must accompany this form**.

Enrolled in _____ Sunday Faith Formation Program

_____ Home Based Faith Formation Program

_____ Aquinas Academy

For Blessed Sacrament Cathedral Parish Office Use Only:

_____ Baptismal information _____ certificate verified by _____ date _____

_____ Information recorded in Blessed Sacrament Cathedral Communion Registry

_____ Church of Baptism notified of First Communion