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 ____

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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 ☐ Holy Angels ☐ Christ the Divine Teacher

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