# 2009 – 2010 Sacramental Registration for grades 2-12

Date:_____

Use for Reconciliation & First Eucharist Preparation Classes

All of the following information will be documented in the official Sacramental Registration books.
***We need full proper names---no nicknames or initials unless initials are part of the proper name.***

Child's Full Name:_____
First Middle Last

Child's Place of Birth: _____ Child's Date of Birth: _____ _____ ____
City State Country Day Month Year

Was child baptized in the Catholic faith? Yes No

Place of Baptism: _____
Name of Church City State Country

Date of Baptism: ____ _____ _____
Day Month Year

***If your child was not baptized at St. Vincent's, you MUST provide us with a copy of their Baptismal Certificate in order for them to receive Sacraments.***

Child's current residence: _____ _____
City State

Fathers full Name: _____ _____ _____
First Middle Last

Mother's full Name: _____ _____ _____
First Middle Maiden Name

Name child prefers to go by: _____ Child's special needs/concerns: _____

School child is attending: _____ Grade in school: _____

If child does not live with parents, please indicate (guardians, grandparents, etc.):

Name _____ relationship: _____

Name _____ relationship: _____

*If you are not the legal guardian, we need documented permission for the celebration of the sacrament(s).*

Home address: _____
Street apt # City State Zip

Mailing address (if different from above) _____

Home Phone: (___) _____ Cell or pager: (___) _____

E-mail_____ **Registered in Parish? _____Yes _____No**

**Please provide the email that you are most likely to check between 9am and 5pm M-F**

| Sacrament(s) you are seeking: Choose one program | | |
|---|---|---|
| Program 1 Reconciliation (Fall) and First Eucharist (Spring) | Grades 2-12 | $ 50.00 |
| Program 2 Reconciliation only (Fall) | Grades 3-12 | $ 30.00 |

Amount paid _____ Balance Due_____ Scholarship_____
Cash_____ Check#_____