

Family Members

Please indicate relationship: Son Daughter Grandchild Other (specify) _____

Child's full name (as it appears on baptismal certificate): _____

Date of Birth: _____ Primary Language: _____

Sacraments received (please indicate date, church, city and state):

Baptism ___/___/___ _____

Reconciliation ___/___/___ _____

1st Eucharist ___/___/___ _____

Confirmation ___/___/___ _____

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Please add comments or provide any additional information that will help us know and serve you better. Also indicate any special needs you and your family may have.
