



St. Patrick Church Religious Education Sacramental Record 2017 - 2018



ONE SACRAMENTAL RECORD MUST BE COMPLETED FOR EACH CHILD ENROLLED IN THE RELIGIOUS EDUCATION PROGRAM.

Student's Name _____ Date of Birth (mm/dd/yyyy) ____ / ____ / ____

▷ **DATE OF BAPTISM (mm/dd/yyyy)** ____ / ____ / ____

▷ **PARISH BAPTIZED*** (Church Name, City, State and/or Country) _____
*required information

A photocopy of the Baptismal Certificate is required for students baptized outside of St. Patrick Church. Please send Baptismal Certificate copy with registration material if this applies to your child.

Please complete the following information for Grades 3-8

▶ **DATE OF RECONCILIATION (mm/dd/yyyy)** ____ / ____ / ____

▶ **PARISH OF RECONCILIATION** _____
Church Name *City* *State and/or Country*

▶ **DATE OF COMMUNION (mm/dd/yyyy)** ____ / ____ / ____

▶ **PARISH OF COMMUNION** _____
Church Name *City* *State and/or Country*

▷ Has your child completed previous grades of Religious Education? **Y** **N**

If so, what Parish? _____

▷ Has your child attended a Catholic Elementary School prior to enrollment in our Program? **Y** **N**

If so, what grade levels? _____ Parish name? _____

