

**ST. AGNES CHILDREN'S FAITH FORMATION**  
**SACRAMENTAL PREPARATION FORM 2017-2018**

FAMILY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_  
(First) (Middle) (Last)

HOME ADDRESS: \_\_\_\_\_  
(Street) (City) (Zip)

FATHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
(First) (Middle) (Last)

MOTHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
(First) (Middle) (Maiden)

**AT WHICH PARISH IS YOUR FAMILY REGISTERED?** \_\_\_\_\_

CHILD'S PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
(On 1<sup>st</sup> Communion Day)

DATE OF BAPTISM: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_  
(Office Use Only)

**\*\*CHURCH OF BAPTISM:** \_\_\_\_\_

ADDRESS OF CHURCH: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**\*\*MANDATORY: ATTACH A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE**

Please return form along with copy of Baptismal Certificate by October 30<sup>th</sup>. Thank you

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| DATE OF FIRST COMMUNION: _____<br>(OFFICE USE ONLY) |
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