

ST. AGNES PARISH AND ST. AGNES SCHOOL
SACRAMENTAL PREPARATION FORM 2026-2027

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: _____

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 September 28, 2026. Thank you

DATE OF FIRST COMMUNION: <u>TO BE ANNOUNCED</u> (OFFICE USE ONLY)
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