

SACRAMENT INFORMATION FORM

(Return to religion teacher by March 29)

Candidate's Name _____
(Last) (First) (Middle)

Confirmation Name (If different from Baptismal Name) _____

Age _____

Place and Date of Baptism

Church _____
(Church Name) (City & State)

Date _____
(Month) (Day) (Year)

****If baptized in another parish, candidate is responsible for providing the baptismal certificate to MHT.*

Residence _____

Father's Name _____

Mother's Name _____
(Maiden Name)

Sponsor Name _____

Signed up for Service Projects

Service Project 1 _____ Time: _____

Service Project 2 _____ Time: _____

Service Project 3 _____ Time: _____