

INDIVIDUAL PERMANENT RECORD

Name _____ Date of Birth _____ Gender () M () F

Address _____ City _____ Zip Code _____

Home Phone () _____ School Attending _____ Grade (2017/2018 school year) _____

SACRAMENTAL INFORMATION

Sacraments of Initiation

BAPTISM

_____ Date _____ Parish _____ Address: City/State/Zip _____

() copy of Baptismal Certificate enclosed **(REQUIRED)**

FIRST EUCHARIST

_____ Date _____ Parish _____ Address: City/State/Zip _____

CONFIRMATION

_____ Date _____ Parish _____ Address: City/State/Zip _____

RECONCILIATION () Celebrated First Reconciliation

PRIOR RELIGIOUS EDUCATION RECORD

() None () Home Catechesis () Parish Religious Education Program () Parish School

Transferring from: _____
(if applicable) Parish or School Name

_____ Address City / Zip

(Office Use Only: Entered SFX RE Program 2017/2018 -- Grade____)

(over)