

INDIVIDUAL PERMANENT RECORD

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

Address _____ City _____ Zip Code _____

Home Phone () _____ School Attending _____ Grade (2019/2020 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 2019/2020 -- Grade____)

(over)