

# INDIVIDUAL PERMANENT RECORD

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender ( ) M ( ) F  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Day School Attending \_\_\_\_\_ Grade (2020/2021 school year) \_\_\_\_\_

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## 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

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## 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 2020/2021 -- Grade\_\_\_\_\_)**

(over)