

SACRAMENT INFORMATION FORM

(Return to DRE or religion teacher by May 20, 2018)

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.*

Address _____

Father's Name _____

Mother's Name _____
(Maiden Name)

Parent/Student Email Address _____

Sponsor Name _____