

# Student Religion and Sacramental History Information

[Please complete for every Catholic school student in your family.]

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

1. Is the student Catholic?  Yes  No (Please state student's religion) \_\_\_\_\_

2. If yes, is the student a member of a Catholic parish?

Yes \_\_\_\_\_ (Parish) \_\_\_\_\_ (Location)

No

5. If the student is Catholic but not a member of a parish, may we help you find a parish?  Yes  No

Best way to contact you: \_\_\_\_\_

6. If the student is Catholic, which sacraments has he or she received? (Check appropriate box and complete requested information.)

**Baptism**

Date: \_\_\_\_\_ Church: \_\_\_\_\_

City/State: \_\_\_\_\_

**Reconciliation**

**Confirmation**

Date: \_\_\_\_\_ Church: \_\_\_\_\_

City/State: \_\_\_\_\_

**Eucharist**

Date: \_\_\_\_\_ Church: \_\_\_\_\_

City/State: \_\_\_\_\_

7. If the student was baptized in another Christian denomination, which one? \_\_\_\_\_

8. If the student has been received into full communion with the Catholic Church, please complete the following:

Date: \_\_\_\_\_ Church: \_\_\_\_\_

City/State: \_\_\_\_\_