

Please register only those family members residing with you.

NAME: _____

BIRTH DATE: _____

HANDICAP: _____

Please indicate: _____

RELIGION: _____

SCHOOL: _____

GRADE: _____

SEX: _____

CHILD

BAPTISM: (Church) _____

(Date) _____

1ST COMMUNION: **YES** () **NO** ()

PENANCE: **YES** () **NO** ()

CONFIRMATION: **YES** () **NO** ()

NAME: _____

BIRTH DATE: _____

HANDICAP: _____

Please indicate: _____

RELIGION: _____

SCHOOL: _____

GRADE: _____

SEX: _____

CHILD

BAPTISM: (Church) _____

(Date) _____

1ST COMMUNION: **YES** () **NO** ()

PENANCE: **YES** () **NO** ()

CONFIRMATION: **YES** () **NO** ()

NAME: _____

BIRTH DATE: _____

HANDICAP: _____

Please indicate: _____

RELIGION: _____

SCHOOL: _____

GRADE: _____

SEX: _____

CHILD

BAPTISM: (Church) _____

(Date) _____

1ST COMMUNION: **YES** () **NO** ()

PENANCE: **YES** () **NO** ()

CONFIRMATION: **YES** () **NO** ()

NAME: _____

BIRTH DATE: _____

HANDICAP: _____

Please indicate: _____

RELIGION: _____

SCHOOL: _____

GRADE: _____

SEX: _____

CHILD

BAPTISM: (Church) _____

(Date) _____

1ST COMMUNION: **YES** () **NO** ()

PENANCE: **YES** () **NO** ()

CONFIRMATION: **YES** () **NO** ()