



Sacramental Preparation Registration

(Please Print)

CHILD'S FULL NAME: _____ Male Female
Last Name Given Names

Home Address: _____
Street Address Town/City Province Postal Code

Date and Place of Birth: _____
mm/dd/yyyy Town/City Province

Does your child have any special learning or health problems that we need to know about? Yes No
 If yes, please explain: _____

We **MUST** have a copy of your child's **Baptismal Certificate**.

Name of the Church You Attend: All Saints St. Martha's Other: _____

Date, Church and City of child's baptism: _____

Name of Child's School: _____ Grade: _____

FATHER'S FULL NAME: _____
Last Name Given Names Religion

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____ Date of Birth (mm/dd/yyyy): _____

Home Address: _____
(if different from child's) Street Address Town/City Province Postal Code

MOTHER'S FULL NAME: _____
Present Last Name Maiden Name Given Names Religion

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____ Date of Birth (mm/dd/yyyy): _____

Home Address: _____
(if different from child's) Street Address Town/City Province Postal Code

Contact person: Mother Father Both

Contact person other than parents:

Name: _____ Phone # _____

May we have your permission to share your child's name as a candidate for Sacraments in our parish bulletin, to prayer partners and school newsletters? Yes No

May we have your permission to use your email address to communicate Sacramental Preparation Information with you (your email will not be used for any other purpose and will not be shared with any other person or place)? Yes No

 Signature of Parent/Guardian

 Date

- First Communion
- First Reconciliation
- Confirmation

Please select the sacrament from the list above

*The fee of \$25.00 covers the expenses of material used in the preparation process.
 NB If you are unable to afford this fee it will be waived.*