**Sacramental Preparation**

 **Registration Form-20-- - 20--**

*Complete one form per child who is receiving sacramental preparation this year. Registration fee is $...............*

**Parental Information**

Father's Full Name:

Mother's Full Name:

Address:

E-mail Address:

Contact No:

Name and address of Sponsor if receiving Sacrament of Confirmation:

**Child's Information**

Child's Full Name:

Baptismal Name:

Birth Date:

City/Town of Birth:

Age:

**Faith Formation Information**

My child is attending the faith formation program at Mother Teresa Syro Malabar Catholic Community. (REQUIRED) Yes No

My child attends a Catholic school. (REQUIRED)Yes No

Name of school:

Grade at school year

**Baptismal Information**

Date of Baptism:

I have a copy of my child's Baptismal Certificate. ( REQUIRED) Yes No

* Name of Baptismal Church:
* City/Town of Baptism:
* Church Address:

**Full Initiation Information**

Preparing for Reconciliation, Confirmation, and Eucharist Yes No

Preparing for Confirmation only Yes No

Preparing for Reconciliation only

Signature of parent: ..............................................................

Name of the Parent: ..............................................................

Date: