



Holy Angels Catholic Church Sacrament Preparation



Date: _____

Is your family registered at Holy Angels: Yes _____ No _____

Is your child a student at Angelo Catholic School: Yes _____ No _____

CHILD'S INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Birthdate: _____ Grade: _____

Name and City/State of Parish of Baptism: _____

Sacraments Needed:

Baptism _____ Reconciliation _____ First Communion _____ Confirmation _____

MOTHER'S INFORMATION

First Name: _____ Last Name: _____

Maiden Name: _____

Address: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____

Religion: _____

FATHER'S INFORMATION

First Name: _____ Last Name: _____

Address: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____

Religion: _____