



Student Religion and Sacramental History Information

Complete for new students only

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: _____