

Holy Angels Family Faith Formation

Sacrament Form

Name of Child _____ Male Female

Date of Birth _____ Place of Birth _____

Present School _____ Grade _____

Emergency Contact Person _____

Emergency Phone _____ Relationship to child _____

My child may be released to: _____

Relationship to child: _____

Special Medical needs and/or Learning considerations: _____

Baptism Date _____ Church of Baptism _____

City and state of baptismal parish _____

Eucharist Date _____ Church of First Eucharist _____

Reconciliation Date _____ Church of First Reconciliation _____

Father/Guardian Name _____

Mother/Guardian First/Maiden/Last _____

Address _____

City/zip _____

Home Phone _____ Cell (include area code) _____

E-mail _____ Member of Holy Angels Parish Yes No