

# SACRAMENTAL REGISTRATION FORM



*St. Timothy*

**PLEASE PRINT CANDIDATE'S NAME EXACTLY AS IT APPEARS ON THE BIRTH CERTIFICATE**

Candidate's Name (Surname) \_\_\_\_\_ (Given Name) \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel. No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father's Name (Surname) \_\_\_\_\_ (Given Name) \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name (Surname) \_\_\_\_\_ (Given Name) \_\_\_\_\_ Religion \_\_\_\_\_

Which Church do you regularly attend? \_\_\_\_\_ The time of the Mass \_\_\_\_\_

Is your child a Roman Catholic?  Yes  No

If not what denomination \_\_\_\_\_

Has he/she been baptized in a Roman Catholic Church?  Yes  No

Date Baptized \_\_\_\_\_ Name of Church \_\_\_\_\_ Country \_\_\_\_\_

Has he/she celebrated Communion?  Yes  No

Has he/she celebrated First Reconciliation?  Yes  No

Has he/she celebrated Confirmation?  Yes  No

Your child's School \_\_\_\_\_

Which Sacramental Preparation Program do you wish to enroll in:

RCIC  Yes  No

First Communion/Reconciliation  Yes  No

Confirmation  Yes  No

Please list anything your child is allergic to \_\_\_\_\_

Does your child have any learning needs we need to be informed about? \_\_\_\_\_

Are there any other information about your child we need to know? \_\_\_\_\_

**For Parish Use Only**

**Received Deposit? Yes**

**Received Certificates Yes**

REVISED: SEPTEMBER 2011