

Family Sacrament Program

2007-08 Registration Form

Child's Name _____
(Please print) Child's Full Name

Birthdate _____ Grade _____

Father's Name Mother's (maiden) Name

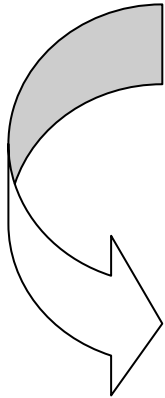
Home Address _____

Phone _____ cell _____

e-mail: _____

Parent Signature _____

**All BAPTISMS must be verified prior to the reception of sacraments.
If your child was baptized at another Parish please bring either the
original or a copy of the certificate to the meeting.**



My child has been baptized: (please check one)

_____ I have supplied the Baptism Certificate for sacrament verification.

OR

_____ My child was baptized at Saint Joseph-on-Carrollton Manor

Date of Baptism _____

OR

_____ My child was baptized at _____

(Name of Church)

Complete Address of Church (Street, city, state, zip)

Fee: Sacrament Preparation - \$55

For Office Use only

Date _____ Cash/Check # _____ Received _____