# Church of the Holy Angels
# Sacramental Registration Form
# 2016-2017

Sacraments your child will be receiving: _____ First Reconciliation _____ First Eucharist

Student's Baptismal Name: _____

Student prefers to be called: _____

Address: _____
City St Zip

Phone: (H) (_____)_____(W) (_____) _____(Mom or Dad?)

Email: _____ Grade _____

Date of Birth ____/_____/_____ Place of Birth:_____
City St

Did your child complete a 1st grade Religious Education program? ❒ Yes ❒ No

Where? _____

**WE MUST HAVE COMPLETE BAPTISMAL INFORMATION FOR OUR PERMANENT RECORD BOOKS. A <u>COPY</u> OF THE CHILD'S BAPTISMAL CERTIFICATE *<u>MUST</u>* ACCOMPANY THIS FORM.**

Baptism Date: _____/_____/_____

Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Family Name as Registered (if different): _____

Father's Name: _____ Religion: _____

Mother's Name: _____Maiden Name: _____ Religion: _____

**FEE SCHEDULE**: $30.00 for ***each*** Sacrament the child will be receiving ($60.00 total)

Make checks payable to ***HOLY ANGELS RELIGIOUS EDUCATION OFFICE***

Credit Card # _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ Exp. Date __ __ / __ __

Security Code: _____ Signature: _____

*For Office Use Only*: Fees Due $_____ Amt Paid _____Cash _____ Check # _____ CC #_____

____/____/____ Date Rec'd Baptism at HA Verified ____/____/____

____/____/____ Filed PDS Sacr. Record Page # _____