

CHILD 1 Full Name:

First Middle Last
Gender: ___ Male ___ Female
Grade: ___ School _____
Date of Birth: ___/___/_____
City/State of Birth: _____

Check mark all Sacraments that have been celebrated:

Baptism if Yes:
Church: _____
Place: _____
Date: _____

Communion
Church: _____
Place: _____
Date: _____

Confirmation
Church: _____
Place: _____
Date: _____

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