

Church of St. Thomas More
SACRAMENT PREPARATION
REGISTRATION

Child Information

First Name _____ Middle _____ Last _____

Address _____

Date of Birth _____ City/ State of Birth _____ Current Grade of Child _____

Special needs (i. e., gluten allergy, learning needs, etc.) _____

Which sacraments will your child be preparing for this year? (Please **✓**, which Sacraments apply)

First Reconciliation _____	First Communion _____	Confirmation _____
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Child's Confirmation Name _____ Confirmation Sponsor (Name) _____

Sponsor's Parish _____ City, State _____

Parent/Guardian Information

Father's Name _____

Mother's Name _____ Mother's Maiden Name _____

Preferred E-mail address and phone # for communication _____
Email Phone #

Baptismal Record is needed for the purpose of recording the Sacrament of First Communion and Confirmation.

Was your child baptized at St. Thomas More? _____ Date _____ Parish _____
Yes/no Date of Baptism Name of Church, City & State

City State of Baptism _____

If YES, you do not need to provide a copy of the baptismal certificate. If NO, a copy of the original baptism certificate or a letter from the parish where the baptism was held is required for verification.

FOR OFFICE USE ONLY

Registration Fees Paid: _____

Baptismal record received: _____

Photo received: _____

Date of First Reconciliation: _____

Date of First Communion: _____

Date for Confirmation: _____

Confirmation Sponsor Letter: _____