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 _____

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 help 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: _____