

**PLEASE COMPLETE AS MUCH AS POSSIBLE TODAY RETURN TO  
Elizabeth Auffrey, Director of Children's Faith Formation**

**Saint Bernadette Catholic Church  
Sacramental Registration Form**

Sacrament(s) Requested : **First Reconciliation and First Eucharist**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
(no initials)

Date of Birth \_\_\_\_\_ (month/day/year) City/State of Birth \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Mother's Maiden \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Home phone # \_\_\_\_\_ Day time phone # \_\_\_\_\_

**Candidates Religious History**

**Baptism** Name of Catholic Church: \_\_\_\_\_

Name of Protestant Church: \_\_\_\_\_

Date of Baptism \_\_\_\_\_ (month/day/year) City/State of Church \_\_\_\_\_

Priest/Deacon celebrating sacrament **Fr. Jeffrey Nicolas**

Date **Tuesday November 13, 2018 at 7:00 pm &**

**Sunday April 28, 2019 at 2:00 pm**

<b>Parish Office Use Only</b>	Parish Registration Number: _____	Date Sacrament Received at St. Bernadette: _____	
To be recorded in:	Baptismal Book _____	Eucharist Book _____	Confirmation Book _____
Notations to be Made	_____		
Certificate Printed _____	Entered in PDS _____	Recorded in Book _____	Entered in Google Doc _____
Notice Sent to Catholic Church of Baptism _____			