



ST. MICHAEL
Catholic Church • Grand Ledge

<input type="checkbox"/>	Verify with Records <small>(comp/book)</small>
<input type="checkbox"/>	Enter in Log.....
<input type="checkbox"/>	Certificate.....
<input type="checkbox"/>	Enter in ParishSoft
<input type="checkbox"/>	Notification Letter
<input type="checkbox"/>	Record in Sac.Book(s)
OFFICE USE ONLY	
Mass Date/time _____	

Preparing for First Reconciliation & Eucharist

SACRAMENT INFORMATION

Candidate's Date of Birth: _____

Candidate's Name: _____
Last First Middle

Father's Name: _____
Last First

Mother's Name: _____
Last First Maiden

SACRAMENT HISTORY

BAPTISM

Godparents: _____, _____

Priest: _____, Date: _____

**Church: _____

****If other than St. Michael Parish, please make sure a copy of the
Baptismal Certificate (and church address) is given with this form.**

**Address: _____, City/State: _____