

CHURCH OF THE HOLY FAMILY
1279 N. Great Neck Road, Virginia Beach, VA 23454
SACRAMENT INFORMATION FORM 2018-2019
(757) 481-5702

All Fields are required! Without proper information, your child's Sacrament will not be recorded.

WRITE LEDGIBLY

Date: _____

Full name of child: _____
First Middle Last

Date of Birth: _____ Age: _____
MM/DD/Year

Place of Birth: _____
City State

Child's Baptism Date: _____ Roman Catholic: Yes/NO
MM/DD/Year

Full Name of Church where Child was Baptized

Street

City State Zip

Home Address: _____
Street

City State Zip

Phone: _____

Full name of father: _____
First Middle Last

Full name of mother (MAIDEN NAME REQUIRED): _____
First Middle MAIDEN Last

***PLEASE ATTACH A COPY OF CHILD'S BAPTISMAL CERTIFICATE**

****If not baptized Roman Catholic, has child made a profession of faith in the Catholic Church?**
____ Yes ____ No

***If yes, please attach a copy of the certificate.**

*******THIS INFORMATION IS FOR PERMANENT RECORDS AND CERTIFICATES*******

For Office Use ONLY

Date of First Eucharist: _____ Baptismal Church Notified: _____

Recorded: _____ Certificate: _____ QA: _____