



# Sacrament Information Sheet



(Please Print Neatly)

Child's Legal Name \_\_\_\_\_ Male  Female

LAST

FIRST

MIDDLE

Child Resides With:  Both Parents  Mother Only  Father Only  Other \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

(If Applicable)

2nd Address

\_\_\_\_\_ Email \_\_\_\_\_

Child was baptized: \_\_\_\_\_ Church. It was on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_  
Month Date Year

\*If the baptism was not celebrated at St. Boniface Church I will need a copy of the Baptismal Certificate.\*

I \_\_\_\_\_, understand that these dates will require parent participation with the exception for illness or family crisis. Family attendance and participation in all aspects of the program is required. This not only includes attending planned preparation activities, but also the family packets. We understand that if full participation is not apparent then our child forgoes receiving First Reconciliation this Advent and First Eucharist this spring. I have included my child's \$40.00 sacrament fee.

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date