



Archdiocese Sacramental Form

Parish: Notre Dame St. Aloysius Blessed Sacrament Other

Child's Name: _____

Sex: M _____ F _____
 First Middle Last

Current Grade: _____ Grade Entering Trinity Academy _____

Father: _____
 First Middle Last

Mother: _____
 First Middle Maiden Last

Address: _____
 Street City State Zip

Phone: _____

Parent Address: _____
if different than above. Name

Street City State Zip

Phone

Birth: _____
 Date City State

Baptism: _____
 Date Church City State

First Communion: _____
 Date Church City State

Reconciliation: _____
 Date Church City State

Confirmation: _____
 Date Church City State

Please attach copies of birth certificate, baptism certificate etc.