



# SACRAMENTS OF INITIATION REGISTRATION FORM

St Peter Chanel and St John the Evangelist Parishes



**PARISH OF REGISTRATION:** \_\_\_\_\_

**CHRISTIAN NAME:** \_\_\_\_\_

**SECOND NAME:** \_\_\_\_\_

**FAMILY NAME:** \_\_\_\_\_

**DATE & PLACE OF BIRTH:** \_\_\_\_\_

**DATE & PLACE OF BAPTISM:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

**MOTHER'S MAIDEN NAME:** \_\_\_\_\_

**PARENTS' MARITAL STATUS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE CONTACT:** \_\_\_\_\_

**SPONSOR:** \_\_\_\_\_

### PARENTS' STATEMENT

We would like for our child to be enrolled in the Sacraments of Initiation program. We believe in Jesus Christ and his teaching through the Catholic Church. We are committed to a Christian way of life, and to follow gospel values in our family and to share with our children our love for God and our faith in his Church. We accept the responsibility for the Christian upbringing of our children. We will support our child in their initiation into the Catholic faith community. In particular, we will take all steps to ensure that our child is present for all sessions and we ourselves will be present at all parent meetings so that our child is well prepared to celebrate the Sacraments.

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Date: \_\_\_\_\_

### PARISH OFFICE USE ONLY:

RECEIVED: \_\_\_\_\_

DATE

### DATES OF SACRAMENTS:

RECONCILIATION \_\_\_\_\_ CONFIRMATION \_\_\_\_\_ HOLY  
COMMUNION: \_\_\_\_\_

### MINISTER OF SACRAMENTS:

RECONCILIATION \_\_\_\_\_ CONFIRMATION \_\_\_\_\_ HOLY  
COMMUNION \_\_\_\_\_

ENTERED INTO PARISH REGISTER BY \_\_\_\_\_

DATE: \_\_\_\_\_