

ST. BENEDICT PARISH FAITH & FAMILY REGISTRATION FORM

for office use	
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Please print **CLEARLY**.

Complete all sections and return with registration fee (\$60) and photocopy of baptism certificate

Candidate's Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First </div>		Gender: circle Male Female
Last name at time of Baptism: _____ (if different from above)		
Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Unit Postal Code </div>		
Home Phone Number: (____) _____	School & _____ Grade: _____	
Date of Birth: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> month day year </div>	City & Country of Birth: _____	
Baptismal Information		
Date of Baptism: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> month day year </div>	Name of Church of Baptism: _____	
Address of Church of Baptism: _____	Please include the <u>complete</u> mailing address with city, country, postal code	
Attach to this form, a <u>photocopy</u> of your baptismal certificate even if you were baptized at St. Benedict. Please include translation if it is not in English.		
Parent / Guardian's Name(s): _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Father First Last </div>	Daytime Phone _____	<u>Father</u> () _____ email: _____
Mother's maiden name: _____	Daytime Phone _____	<u>Mother</u> () _____ email: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Has the candidate celebrated first Eucharist? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the candidate celebrated first Reconciliation?		
What church do you normally attend? _____		
Candidate's Height (for ordering of gown) _____feet _____inches		

Please use the back of the form to tell us if there is anything else you think we should know (i.e. learning challenges? questions? special needs? All information remains confidential.)