



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: _____