



Sacramental Registration form 2023-2024

Sacraments to be received: (circle all)

BAPTISM/RECONCILIATION/EUCHARIST/CONFIRMATION

Candidate's Name _____ D.O.B _____ gender _____

Is candidate/guardian registered parishioner of: (circle) St. Paul / St. Martin

Birthdate _____ School _____ Grade _____

Address; _____ City _____ State _____ Zip _____

Father/guardian name _____ Cell # _____

Address (if different) _____ City _____ State _____ Zip _____

Father's religion/church _____

Mother/guardian name _____ Cell# _____

Address (if different) _____ City _____ State _____ Zip _____

Mother's religion/church _____

Special request/instructions/comments

-please provide a copy of Candidate's Birth Certificate if not done at St. Paul or St. Martin