St. Francis Xavier
First Communion and Confirmation
Sacramental Record Information Form
(All information is kept confidential)

Student Information

Last Name _____ First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Place of Birth _____ Age at Date of Sacrament _____

Church Where Baptized **(Attach copy of certificate)** _____ Date of Baptism _____

Church Address _____

City _____ State _____ Zip Code _____

Confirmation Name _____ Confirmation Sponsor _____

Parent Information

Father's Last Name _____ Father's First Name _____ Father's Middle Name _____

Mother's Last Name _____ Mother's First Name _____ Mother's Middle Name _____

Mother's Maiden Name _____

Address _____

City _____ State _____ Zip Code _____

Rev. 06202017