

Child Grandchild Other (if other, please explain) (Please list only the children at home)

First Name:	Middle Name:	Last Name (if different):
Birth Date: ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Place of Birth: _____
Current School Grade:	Current School:	
Religion: 1_Catholic 2_Christian – non-Catholic 3_Believe in God – non-Christian 4_Other		
Sacraments Received: <input type="checkbox"/> Baptism...Church & Place: _____Date: ____/____/____		
<input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation...Church & Place: _____		

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