ST. IGNATIUS OF LOYOLA R: 1/95
OFFICE OF RELIGIOUS EDUCATION

Parish Sacramental Information - Please complete for <u>each</u> student being registered in St. Ignatius School.
Student Information:

Student Name:_____
First Middle Last

Date Registered in School: _____ Sex: _____ Grade: _____

Marital Status of Parents: _____ Child resides with: _____

Mailing Information: Please complete for Parent/Guardian

Name: _____

Address: _____

City: _____

Phone: Home: _____ Father Work: _____ Mother Work: _____

Parish Registration: ☐ St. Ignatius ☐ Other (Explain) _____

In what Religion/Faith is this child being raised: _____

Parent Information:

<u>Birth</u> Father: _____ Religion: _____
First Middle Last

<u>Birth</u> Mother: _____ Religion: _____
First Middle <u>Maiden</u>

<u>Step</u> - Parent: _____ Religion: _____
First Middle Last

Student Sacramental Information:

Date of Birth: _____ Place of Birth: _____

Baptism: Date: _____ Church: _____ Address: _____

☐ Baptismal Certificate Attached.

Note: Baptismal Certificate required, if not Baptized at St. Ignatius.

Penance:
Date Received:_____ Church: _____ City, State: _____

Communion:
Date Received:_____ Church: _____ City, State: _____

Confirmation:
Date Received:_____ Church: _____ City, State: _____