First Sacrament Registration Form

Child's Full Name: _____
(please print as you wish to be on sacramental certificate)

Address: _____ City: _____

Phone Number: _____

School:_____ Grade:_____

Date of Birth: _____ Place of Birth: _____

Church of Baptism: _____ Date of Baptism: _____

** PLEASE PROVIDE COPY OF BAPTISMAL CERTIFICATE, IF SACRAMENT WAS NOT RECEIVED AT GUARDIAN ANGELS

Father's Name:_____ Phone:: _____

Email address: _____

Mother's Name: _____ Phone:_____

Maiden: _____

Email address: _____

Sacramental Preparation Fee of $50.00 is requested with this registration form.

Please return registration form, signed behavior policy and parental responsibility forms, Baptismal certificate (if needed) and preparation fee to:

Guardian Angels Church
Attn: Faith Formation
215 West Second Street
Chaska, MN 55318

7/2010mek