First Sacrament Registration Form

Childs Name: _____

Address: _____ City: _____

Phone Number: _____

School Attending: _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Place of Baptism: _____

Father's Name:_____ Cell phone: _____

Email address: [redacted]

Mother's Name: _____ Cell phone:_____

Maiden: _____

Email address: [redacted]

Parents married at: _____ When:_____

Paternal Grandparents: _____Phone Number:_____

Email: [redacted]

Maternal Grandparents: _____Phone Number:_____

Email: [redacted]

Godfather: _____ Phone Number:_____

Email: [redacted]

Godmother: _____ Phone Number:_____

Email: [redacted]

Sponsor Name: _____ Phone Number: _____

Address: _____ Cell Phone: _____

Home Parish: _____

Please return to: Guardian Angels Church
Attn: Faith Formation
215 West 2nd St.
Chaska, MN 55318