

Hackett Catholic Central Student Sacramental Record

(PLEASE PRINT CLEARLY)

In an effort to better understand and serve the spiritual needs of your student and family, we invite you to voluntarily complete the following form for each student attending Hackett Catholic Central.

Student Information:

Name: _____
 First Middle Last

Date of Birth: __/__/__ **City and State of Birth:** _____

Father's Name: _____ **Religious Affiliation:** _____

Mother's Name: _____ **Religious Affiliation:** _____
(Include maiden name)

Currently a Member at: _____
 Church Denomination City State

Sacramental Information:

Date of Baptism: __/__/__

Where: _____
 Church Denomination City State

Date of First Communion: __/__/__

Where: _____
 Church Denomination City State

Date of Confirmation: __/__/__

Where: _____
 Church Denomination City State