

CCD Religious Education



Saint Ann's Parish

INFORMATION FOR CHURCH RECORDS

NAME _____

First

Middle

Last

ADDRESS _____

Street

City

Zip

DATE OF BIRTH: _____ PRESENT AGE: _____

PLACE OF BIRTH _____

City

State

Country

DATE OF BAPTISM _____

CHURCH BAPTIZED IN: _____

IN CITY OF: _____ IN STATE OF: _____

CHILD'S AGE ON DAY OF FIRST COMMUNION: _____

PARISH CURRENTLY REGISTERED IN: _____

FATHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

GODPARENT(S) NAME: _____

GODPARENT(S) PARISH: _____

A copy of your child's Baptismal Certificate MUST accompany this form.