

St. Stephen Catholic Church
First Reconciliation and First Communion
SACRISTY RECORD

STUDENT INFORMATION

Full Name: _____
Nombre y apellido de niño/niña

Date of Birth: _____ **Age:** _____ **Grade:** _____
Fecha de nacimiento *Eedad* *Grado*

Place of Birth: _____
Lugar de nacimiento

BAPTISM INFORMATION: INCLUDE COPY OF THE CERTIFICATE

Date of Baptism: _____
Fecha de Bautismo

Place of Baptism: _____
Lugar de Bautismo

Address: _____
Domicilio

City/State/Zip: _____
Ciudad/Estado/Zona postal

PARENT INFORMATION

Father's Full Name: _____
Nombre complete del Padre

Mother's Full Maiden Name: _____
Nombre de soltera de la madre [primer nombre y apellido soltera]

Home Address: _____
Domicilio

City/State/Zip: _____
Ciudad/Estado/Zona postal

Phone: _____ **Email Address:** _____
Telefono

FOR OFFICE USE ONLY

Student Registration on File: Yes No **Registration Fee Paid:** Yes No

Copy of Baptism Certificate: Yes No

Approved for First Communion: _____
[Pastor, Deacon, or D.R.E. required signature]

Date of Reconciliation: _____ **Date of First Communion:** _____
Church: _____ **Church:** _____

Date Notification Sent to Parish of Baptism: _____
Date Entered in Sacramental Records _____