

**SACRED HEART CHILDREN'S FAITH FORMATION
REGISTRATION FORM**

Registration Date: (dd/mm/yy) _____

Child's Name: _____

Date of Birth: (dd/mm/yy) _____ Place of Birth: _____

Child's Grade in September 2023: _____ Child's School: _____

Parent's Names: Mom: _____ Maiden Name: _____

Dad: _____

Mailing Address: _____ Postal Code: _____

E-mail: Mom: _____ Cell# _____

Dad: _____ Cell# _____

My child is interested in: Altar Serving _____ Ushering _____ Gift Bearer _____

SACRAMENTS YOUR CHILD HAS RECEIVED

Baptism: _____ Date: (dd/mm/yy): _____ Church: _____

**** Important:** Please attach copy of child's Baptismal Certificate ******

1st Reconciliation: _____ Year: _____ Church: _____

1st Holy Communion: _____ Year: _____ Church: _____

Confirmation: _____ Year: _____ Church: _____

Please email completed form and copy of Baptismal Certificate to Lidia Moodie, Religious Ed. Coordinator,
at sacredheartled@rcdvictoria.org. Thank you.

(**For office use only:** Copy of Baptismal Certificate received Yes / No)