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**CATHEDRAL OF THE BLESSED SACRAMENT
FAITH FORMATION PROGRAM**

FAMILY REGISTRATION FORM

CATHEDRAL
OF THE
BLESSED SACRAMENT

Office Use Only

☐ Check # _____

Amt \$ _____

☐ Cash _____

Amt \$ _____

Total \$ _____

Date Pd _____

Today's Date:

Information for Correspondence and Records:

FATHER

First Name:	Middle Name:	Last Name:
Home Phone include area code:		Work Phone include area code:
Cell Phone include area code:		Email:
Mailing Address:		
City/State:		Zip Code:

MOTHER

First Name:	Middle Name:	Last Name:
Home Phone include area code:		Work Phone include area code:
Cell Phone include area code:		Email:
Mailing Address (if different from above):		
City/State:		Zip Code:

Students to be Enrolled:

CHILD'S LEGAL NAME	DATE OF BIRTH	GRADE	Office Use
1.			
Click box for Sacraments needed: <input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> 7 th Grade/Above for Confirmation			
2.			
Click box for Sacraments needed: <input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> 7 th Grade/Above for Confirmation			
3.			
Click box for Sacraments needed: <input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> 7 th Grade/Above for Confirmation			
4.			
Click box for Sacraments needed: <input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> 7 th Grade/Above for Confirmation			

Please submit a copy of your child's BAPTISMAL CERTIFICATE to Sister Jenny Aldeghi, FDCC, Director of Faith Formation, Cathedral of the Blessed Sacrament, 1017 11th Street, Sacramento, CA 95814 or drop it off in the Cathedral rectory office or email copy to jenny@cathedralsacramento.org.