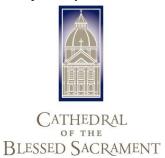
To key in requested information, click view, click edit document



CATHEDRAL OF THE BLESSED SACRAMENT FAITH FORMATION PROGRAM

FAMILY REGISTRATION FORM

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			ode:			
MOTUED							
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							
CHILD'S LEGAL	NAME		DATE OF	- BIK I H	GRADE	Office Use	
1.							
Click box for Sacraments needed: ☐ Baptism ☐ 1 st Communion ☐ 7 th Grade/Above for Confirmation							
2.							
Click box for Sacraments needed: ☐ Baptism ☐ 1 st Communion ☐ 7 th Grade/Above for Confirmation							
3.							
Click box for Sacraments needed: ☐ Baptism ☐ 1 st Communion ☐ 7 th Grade/Above for Confirmation							
4.							
Click box for Sacraments needed: ☐ Baptism ☐ 1st Communion ☐ 7th 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.