REGISTRATION FORM – SACRAMENT PREPARATION
Sacred Heart Church – Colby, KS

_____
COMPLETE NAME OF CANDIDATE GRADE SCHOOL ATTENDING
(As you want it printed on the certificate)

DATE OF BIRTH: _____
Month Day Year Age

CITY and STATE BORN IN: _____

PARENTS: Father: _____
First Name Middle Name Last Name

Mother: _____
First Name Middle Name ***Maiden Name***

ADDRESS: _____
Street/Route/Box City State Zip

BAPTISMAL INFORMATION:_____
Month Day Year

_____
Name of Parish City State Zip

Priest Who Baptized Candidate:
_____

Baptismal Sponsor's Names: _____

If Candidate was not baptized at Sacred Heart Church of Colby, KS please attach a copy of their baptismal certificate to this form and return to Laura Schwarz or Kathy Britton at the Rectory by October 1, 2016.