

**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

CELL PHONE NUMBER FOR TEXT ALERT REMINDERS \_\_\_\_\_

EMAIL FOR EMAIL REMINDERS \_\_\_\_\_

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 Brandi Niblock at the Rectory by October 1, 2017.**