



SACRAMENT INFORMATION FORM

ESPIRITU SANTO ROMAN CATHOLIC CHURCH

(Check the appropriate boxes below – sacraments you are **SEEKING**)

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BAPTISM

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PROFESSION OF FAITH AS CATHOLIC

(Baptismal Certificate or Letter or Affidavit attached)

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CONFIRMATION

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FIRST COMMUNION

E-mail address: _____

FULL NAME: _____ PHONE: _____

Cell: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

DATE OF BIRTH: _____ CURRENT AGE: _____

PLACE OF BIRTH: (CITY & STATE): _____

BAPTISMAL INFORMATION: (For those already baptized)

NAME OF CHURCH: _____

(DENOMINATION) _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

(Please attach certificate, letter or affidavit with this information also)

FATHER'S NAME: _____

MOTHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

Date of Baptism: _____

------(Office Use Only)-----

If receiving the Sacrament of Confirmation:

CONFIRMATION SPONSOR'S FULL NAME: _____

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Sponsor Note **if not** a parishioner of Espiritu Santo.

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Proxy will be standing in for Sponsor (name) _____

FULL CONFIRMATION (SAINT) NAME: _____

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DATE OF SACRAMENTS: _____

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PRESIDER NAME / SIGNATURE: _____