

STUDENT SACRAMENTAL INFORMATION

Baptism: _____ **Parish:** _____
(DATE) (NAME)

Parish Address: _____
(CITY/STATE/ZIP)

Copy of Certificate of Baptism must be on file in Office of Religious Education: _____ (CHECK)
(If student was *not* Baptized at Infant Jesus of Prague Parish, please provide copy)

First Reconciliation: _____ **Parish:** _____
(DATE) (NAME)

Parish Address: _____
(CITY/STATE/ZIP)

First Eucharist: _____ **Parish:** _____
(DATE) (NAME)

Parish Address: _____
(CITY/STATE/ZIP)

Confirmation: _____ **Parish:** _____
(DATE) (NAME)

Parish Address: _____
(CITY/STATE/ZIP)

PRIOR RELIGIOUS EDUCATION RECORD

_____ None

_____ Parish School

_____ IJP Parish Religious Education Program

_____ Home Catechesis

_____ **Transfer received from:**

(PARISH OR SCHOOL NAME)

(STREET ADDRESS)

(CITY/STATE/ZIP)