

SAINT ISIDORE PARISH  
SACRAMENTAL INFORMATION SHEET  
PENANCE-FIRST HOLY COMMUNION

*Information on this form should appear as it does on child's birth/baptismal records.*

*Please provide ALL INFORMATION on this form and  
return it to your child's teacher next class.*

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CHILD'S LAST NAME	FIRST NAME	MIDDLE INITIAL	SEX
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DATE OF BIRTH (Month, Date, Year)

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CITY AND STATE OF **BIRTH** (In what town is the hospital located?)

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CHURCH, CITY, STATE, AND **FULL DATE OF BAPTISM** (Month/Date/Year)

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CURRENT HOME ADDRESS

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CITY	STATE	ZIP CODE	PHONE #
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LEGAL MOTHER'S LAST, FIRST, AND MAIDEN NAME

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LEGAL FATHER'S NAME

Are you a registered member of St. Isidore's Parish?

YES \_\_\_\_\_ NO \_\_\_\_\_

**If "no", you must register with our parish secretary at the parish office before your child can receive either sacrament.**

Was your child baptized at St. Isidore's?

YES \_\_\_\_\_ NO \_\_\_\_\_

**If "no", was your child's baptismal information recorded by the school secretary or the Director of Religious Education?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**If "no" then you must submit a copy of your child's baptismal certificate. It can be obtained by calling the church where your child was baptized and requesting a copy.**