



Sacramental Preparation Form

All information pertains to the child who is preparing for the Sacraments of Reconciliation and Eucharist. If you have any questions, please call Kathryn Ramous, Pastoral Assistant for Children’s Ministry at (253) 286-0023.

PLEASE DO NOT TURN IN THIS FORM TO THE SCHOOL OR SEND IT WITH YOUR CHILD TO CLASS. PLEASE COMPLETE AND RETURN TO KATHRYN RAMOUS AT THE PARISH OFFICE. THANK YOU.

Child’s Name: as it appears on their baptismal certificate:

Nickname: (if any) _____ School: _____

Religion: _____

Mother’s Name: _____

Mother’s Maiden Name: _____

Religion: _____

Father’s Name: _____

Religion: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Email: _____

Church of Baptism: _____

Denomination: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Date of Baptism: _____

Date of Birth: _____ Place of Birth: City & State _____

***Please attach a copy of your child’s baptismal certificate with this form. This information is kept confidential.**