St. Thomas the Apostle Catholic Church
Sacramental Information Form
Confirmation and First Eucharist

Please complete one form per person receiving their sacraments this year. Please make sure that names of persons and places are as they appear on the baptismal certificate. If the Church's street address isn't notated on the certificate, please supply the information that is available.

Name of Child _____
First Middle Last

Street Address: _____
Street City State Zip

Home Phone: _____

Birth Date: _____ Place of Birth: _____

Father's Name: _____

Mother's Name: _____
First Maiden

Date of Baptism: _____

Church of Baptism: _____

Address of Church: _____
Street City State Zip

Sacraments being received: Confirmation ____ 1st Eucharist ____ Both ____

Saint Name: _____

Sponsor Name: _____

Please return completed form to St. Thomas the Apostle Catholic Church, 2312 E Campbell Ave, Phoenix, AZ 85016; 602-954-9089; www.staphx.org