St. Thomas the Apostle Catholic Church
Sacramental Information Form
Reconciliation

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: _____