Our Lady of Joy Sacraments of Initiation Grades 6-12

Section 1: Student Information
Full Legal Name:
Grade:
Date of Birth:
Place of Birth (city, state):
Father's Full Legal Name:
Faith of Father, if any:
Father's Email:
Father's Cell Phone:
Mother's Full Legal Name:
Faith of Mother, if any:
Mother's Maiden Name:
Mother's Email:
Mother's Cell Phone:
(If not living with Mother or Father)
Guardian's Full Legal Name:
Faith of Guardian, if any:
Guardian's Email:
Guardian's Cell Phone:
1. What, if any, is your (the student's) present religious affiliation?
2. Have you ever been Baptized? (circle one)
Yes No
If you answered yes, please provide the following information and provide a copy/pictur
of baptism certificate:
A. In what denomination were you baptized?

	B. Date of Baptism?			
	C. Place of Baptism? (name of church)			
	D. Address of place of Baptism?			
3.	f you were baptized Catholic, circle any sacraments you have already received:			
	Confession	First Communion	Confirmation	
4.	4. What sacraments are you asking to receive?			
	Confession	First Communion	Confirmation	
5.	5. If you're a baptized Catholic, are you or your parents registered at a parish? (ci			
	Yes No			
	If you answered yes, at what parish?			
6.	Name of Sponsor if you're receiving Baptism or Confirmation:			
7.	Name of Confirmation Saint if you're receiving Confirmation:			
Section	n 2: Parent/Guard	ian Permission		
This section must be signed by parents/guardian				
	I hereby give consent for (name of student)			
	to receive formation and be admitted to the Sacraments of the Catholic Church.			
	Mother's Signatu	re	Date:	
	Father's Signatur	e	Date:	
	If not living with Mother/Father, guardian must sign			
	Guardian's Signa	ture	Date:	