

**RELIGIOUS EDUCATION REGISTRATION FORM**

**DIOCESE OF OGDENSBURG**

FAMILY NAME	FIRST NAME	DATE OF BIRTH
STREET ADDRESS	TOWN	PLACE OF BIRTH
HOME PHONE	CELLULAR/HEAD OF HOUSEHOLD	CELLULAR/SPOUSE
NAME OF PARISH	TOWN/CITY OF PARISH	

PUBLIC/PAROCHIAL SCHOOL

FATHER'S NAME	RELIGION	MOTHER'S FIRST/MAIDEN NAME	RELIGION
---------------	----------	----------------------------	----------

SACRAMENTAL INFO.	DATE MONTH-DAY-YEAR	CHURCH	LOCATION
BAPTISM			
FIRST PENANCE			
FIRST COMMUNION			
CONFIRMATION			

CONFIRMATION NAME	CONFIRMATION SPONSOR
-------------------	----------------------

PLEASE LIST ALLERGIES			
-----------------------	--	--	--

ARE YOU INTERESTED IN TEACHING, ASSISTING OR VOLUNTEERING IN THE MOLDING OF OUR CHILDREN'S SPIRITUAL GROWTH?

--