

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	MOTHERS MAIDEN NAME	RELIGION
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SACRAMENTAL INFO.	DATE MONTH-DAY-YEAR	CHURCH	LOCATION
BAPTISM			
FIRST PENANCE			
FIRST COMMUNION			
CONFIRMATION			

CONFIRMATION NAME	CONFIRMATION SPONSOR
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PLEASE LIST ALLERGIES			
SPECIAL NEEDS TO BE KNOWN			

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