



Sacramental Information Data  
Required for Reconciliation/Holy Eucharist and Confirmation Reception  
2017-2018  
Sacred Heart Parish  
Office of Faith Formation

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Student's Full Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Student's Place of Birth: ( City/State)\_\_\_\_\_

Student's Date of Baptism: \_\_\_\_\_

Name of the Church where Baptized:\_\_\_\_\_

Place of Church: (City/State) \_\_\_\_\_

*\*please include a copy of student's Baptismal Certificate if NOT Baptized  
at Sacred Heart Church, Groton*

Please provide the following information so we can communicate efficiently.

Email address:\_\_\_\_\_

Best phone number(s) to reach you: Day:\_\_\_\_\_

Evening:\_\_\_\_\_

*Please return this completed form to the School Office or the Rectory  
c/o Ann Crooks, Director of Religious Education*