

# St. Michael the Archangel Catholic Church

## Sacrament Preparation Class Registration Form

*Please complete this form in its entirety. Do not leave any blanks. Thank you!*

Student Name: \_\_\_\_\_

First

Middle

Last

Name of Father: \_\_\_\_\_

First

Middle

Last

Name of Mother: \_\_\_\_\_

First

Middle

Maiden

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Student City/State of Birth: \_\_\_\_\_

Student Church of Baptism: \_\_\_\_\_

City/State for Church of Baptism: \_\_\_\_\_

*If you are a current student in a Catholic school, please answer the following:*

Student School: \_\_\_\_\_

Number of Years Attending: \_\_\_\_\_