

CHILDREN/OTHER FAMILY MEMBERS - (PLEASE PRINT ALL INFORMATION):

FULL NAME:	Date of Birth: Gender: M F	RELIGION: <i>Please check one:</i> Catholic () Protestant () Jewish () Muslim () Other _____	FIRST COMMUNION: Yes () No () Church & Location:
Nickname:		BAPTISM: Yes () No () Date:	FIRST RECONCILIATION: Yes () No ()
School Attending:		Church & Location:	CONFIRMATION: Yes () No ()
Current Grade:			Church & Location:

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