Ave Maria Catholic Parish Sacrament Enrollment and Record Form

Due no later than _____

Please take your time to fill out this form to ensure the Certificate and Register is correct

CHILD'S FULL BAPTISIMAL NAME AS IT APPEARS ON THE CHILD'S BAPTISIMAL CERTIFICATE: please print				
First Name	rst Name Middle Name		Last Name	
Date of Birth://	te of Birth:// City/State of Birth:		Age at time of Sacrament:	
BAPTISIMAL CERTIFICATE INFORMATION : If your child was baptized at Ave Maria, then please provide the date of Baptism and the name of the Church of Baptism only.				
Date of Baptism:/				
Name of Church of Baptism:				
Mailing Address of Church of Baptism: Street City/State/Zip				
	Street		City/State/Zip	
Father's Full Name:				
(as shown on Baptismal Certificate) Fi		Middle Name	Last Name	
Mother's Full Name:				
(as shown on Baptismal Certificate) Fi		Middle Name	MAIDEN NAME	
Primary Phone Number/s:		Email Address:		
Home Address:				
Street		City/State/Zip		
Where does the child receive faith formation (circle one): Ave Maria School or Faith Formation				

Please Attach a copy of the Child's Baptisimal Certificate to this form.