



St. Edmond Catholic Student Sacrament Record Form

Student Name: _____

Student Date of Birth: _____

Catholic Non-Catholic (Circle one)

Has student been baptized? Yes <input type="checkbox"/> or No <input type="checkbox"/>	Baptism Date, Parish Name and Location:
Has student received First Holy Communion? Yes <input type="checkbox"/> or No <input type="checkbox"/>	First Holy Communion Date and Location:
Has student received Confirmation? Yes <input type="checkbox"/> or No <input type="checkbox"/>	Confirmation Date and Location:

** Please provide a copy of certificate/s for sacraments not received at Holy Trinity Parish. **