

Prince of Peace Catholic Church
Sacramental Candidate Registration
2018

Sacrament(s) your child will prepare to receive in 2018: Reconciliation Eucharist
(Please check all that apply)

Candidate's Full Name _____
First Name Middle Name Last Name

Date of Birth: _____ Place of Birth: _____ Age _____

Address _____ Apt/Unit# _____

City _____ State _____ Zip Code _____ Phone _____

Father's Full Name _____ Religion _____

Phone _____ Email _____

Mother's Full Name _____ Religion _____

Maiden Name _____

Phone _____ Email _____

Parish Information

I/We are registered members of: _____ POP/SMW _____ Other Parish

If other, write the name of the current parish you are a registered member:

Candidate's Baptismal Information

Parents are responsible to provide a certified copy of your child's Baptismal Certificate *before* reconciliation. POP/SMW baptisms will have their record verified. A child baptized at another parish will require parents to provide a certified copy or request a certified copy be faxed to Prince of Peace at (231) 744-4859.

Date of Baptism Month _____ Day _____ Year _____

Church of Baptism _____

Baptism recorded at POP I will provide a Certified Baptismal Certificate

I/We understand the importance of attending Mass weekly during our child's sacramental formation. One parent will attend all sacramental meetings and retreats. I/We understand the information provided on this form will be kept confidential, used only for Pastoral Care, and will not be shared with other organizations.

Parent's Signature: _____ Date _____

Parish Use:

Baptismal Certificate attached _____ POP Baptism recorded on page _____