Holy Name of Jesus Church
1950 Barnum Ave Stratford CT 06614
203.385.5815 faithformation@hnojchurch.org

Family name:_____
Child's name:_____
Address_____
Phone #_____ Email _____

Sacraments

Baptism

My child is Baptized_____ My child is not Baptized_____

Date of Baptism _____

Church name and address _____

Note: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Eucharist:

My child has received First Communion (Eucharist)_____

My child has not received First Communion (Eucharist) _____

Date _____

Church name and address _____

Sacrament of Reconciliation

My child has received the Sacrament of Reconciliation

My child has not received the Sacrament of Reconciliation

Date _____

Church name and address _____

Confirmation

My child has received the Sacrament of Confirmation

My child has not received the Sacrament of Confirmation

Date _____

Church name and address _____