Seven Sorrows of the Blessed Virgin Mary Church
280 N. Race Street, Middletown, PA 17057-2298
717-944-3133 Phone I 717-944-1170 Fax

Verification of Sacraments

Child's Name:_____
(Please Print) First Middle Last

Father's Name:_____Cell:_____
(Please Print) First Middle Last

Mother's Name:_____Cell:_____
(Please Print) First Middle Last

I'M A PARISHIONER OF SEVEN SORROWS:

BAPTISM: My child received from:

____ SEVEN SORROWS (Date:_____)
(MM/DD/YYYY)

____ OTHER:

Church:_____

City/State:_____State:____

Date:_____(MM/DD/YYYY)

If "other": I will attach a copy of my child's Baptism certificate with this form.

1ST HOLY COMMUNION: My child received from:

____ SEVEN SORROWS (Date:_____)
(MM/DD/YYYY)

____ OTHER:

Church:_____

City/State:_____

Date:_____(MM/DD/YYYY)

If "other", I will attach a copy of my child's 1st Communion certificate with this form.

I'M A PARISHIONER OF ANOTHER PARISH:

Name of
Current Parish:

_____

Baptismal Date:_____
(MM/DD/YYYY)

Church of
Baptism:_____

City:_____State:_____

1st Eucharist
Date:_____
(MM/DD/YYYY)

Church of
1st Eucharist_____

City:_____State:_____

___ Yes, I understand that to receive Confirmation at Seven Sorrows, I MUST attach a **signed and sealed "Permission to Receive Form" from my Pastor with this form.**