

Seven Sorrows of the Blessed Virgin Mary Church

280 N. Race Street, Middletown, PA 17057-2298
717-944-3133 Phone | 717-944-1170 Fax

Verification of Sacraments Form

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

Parent Name: _____
(Please Print) First Middle Last

___ Full dates required below.

___ If dates are unknown, please contact the parish of Sacrament to acquire FULL date. Partial dates not accepted.

___ Baptismal certificate is NOT a birth certificate. We do NOT require birth certificates.

___ Scanned copies of forms cannot be accepted. Please return form to Lisa Fortunato

BAPTISM

___ My child was baptized at Seven Sorrows. **Nothing else is needed - please move to 1st Eucharist section.**

___ My child was NOT baptized at Seven Sorrows. Please finish completing this section.

___ A **copy** of Baptismal certificate is required with this form. Scanned copies cannot be accepted.

CHURCH OF DATE OF
BAPTISM: _____ BAPTISM: _____ mm/dd/yyyy)

CITY: _____ STATE: _____ ZIP: _____

CHURCH PHONE: (_____) _____ CHURCH FAX: (_____) _____

1st EUCHARIST

___ My child received their 1st EUCHARIST at Seven Sorrows. **Nothing else is needed for this section.**

___ My child did NOT receive their 1st Holy Communion at Seven Sorrows. Please complete this section.

___ A **copy** of their 1st Eucharist certificate is required with this form. Scanned copies cannot be accepted.

CHURCH OF DATE OF
1ST EUCHARIST: _____ 1ST EUCHARIST: _____ mm/dd/yyyy)

CITY: _____ STATE: _____ ZIP: _____

CHURCH PHONE: (_____) _____ CHURCH FAX: (_____) _____