



OFFICE OF RELIGIOUS EDUCATION

Family Information Form

Family name: _____

Address: _____ Town _____ Zip code _____

Father's name: _____ Religion _____ Occupation _____

Father's cell number: _____ Father's email: _____

Mother's name: _____ Religion _____ Occupation _____

Mother's cell number: _____ Mother's email: _____

Parent(s): Married Single Widowed Deceased Divorced

Children live with: Both parents Mother Father Other _____

NOTE: *If parents are separated or divorced and both parents wish to be informed of upcoming events, please provide the details for this additional household.*

Additional Household

Name of parent: _____

Address: _____ Town: _____ Zip code: _____

Best phone number: _____ Email: _____

In case of Emergency Contact (if both parents are not available):

Name: _____ Relationship to Student: _____

Best phone number to reach Emergency Contact: _____

Special Medical Concerns/Allergies: _____

Doctor: _____ Phone number: _____

Sacramental Information

For those students and families beginning in Religious Education for the first time, **please provide copies of Sacramental Certificates** for the Sacraments that the child has already received *if they were not received at St. Patrick or St. Mary Star of the Sea Churches.*

Child's Name (1):
Grade in 2025:

DOB (mm/dd/yyyy):
School:

Place of birth:
 Male Female

Sacramental Information

Baptism: Parish of Baptism _____
City/State _____ Date _____

First Communion: Parish of First Communion _____
City/State _____ Date _____

Child's Name (2):
Grade in 2025:

DOB (mm/dd/yyyy):
School:

Place of birth:
 Male Female

Sacramental Information

Baptism: Parish of Baptism _____
City/State _____ Date _____

First Communion: Parish of First Communion _____
City/State _____ Date _____

Child's Name (3):
Grade in 2025:

DOB (mm/dd/yyyy):
School:

Place of birth:
 Male Female

Sacramental Information

Baptism: Parish of Baptism _____
City/State _____ Date _____

First Communion: Parish of First Communion _____
City/State _____ Date _____

Child's Name (4):
Grade in 2025:

DOB (mm/dd/yyyy):
School:

Place of birth:
 Male Female

Sacramental Information

Baptism: Parish of Baptism _____
City/State _____ Date _____

First Communion: Parish of First Communion _____
City/State _____ Date _____