

Please attach the student's  
Baptismal Certificate by  
**November 1** to receive  
Sacraments this year.

Saint Peter's Parish  
Sacramental Registration  
Grade 2  
2022-2023

If you have any questions,  
contact Cindy Dixon at  
301-570-4952 or  
[cindy.dixon@stpetersolney.org](mailto:cindy.dixon@stpetersolney.org)

**Student information** (please print clearly)

Participant's Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M/F  
First Last month date year

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_

Family Email: \_\_\_\_\_

Attending (check one) \_\_\_\_SOR \_\_\_\_Parochial School Grade in school: \_\_\_\_\_

Religion: \_\_\_\_\_ Place of Birth (city, state) \_\_\_\_\_

**Sacramental Information:**

Please **circle** the Sacraments seeking: Baptism Penance Eucharist Confirmation

\*If child has received any of these Sacraments already please provide the following information:

**Baptism:** circle one: Catholic Non-Catholic \*\* (If baptized here at Saint Peter's, no copy needed)

Date: \_\_\_\_\_ Name of Priest/Minister: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Godparent(s)/Sponsor(s) Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Parent(s) Information:**

**Mother's Name:** \_\_\_\_\_  
First MAIDEN Last

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Email: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
First Last

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Email: \_\_\_\_\_

\*\* Non-Catholic children may become Catholic if one parent is already Catholic. A profession of faith is required before First Reconciliation. Please contact the SOR office ASAP.