

St. Mary Magdalene Candidate Information Sheet

Sacramental Formation

(Please print)

Candidate's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Date of Birth: _____ Age _____ Grade: _____

Father's name: _____ Mother's name: _____

Father's email: _____ Mother's email: _____

Father's cell #: _____ Mother's cell #: _____

Candidate's Baptism Information

Date of Baptism: _____

Parish of Baptism: _____

Address of Parish: _____

Celebrant for Baptism: _____

God Parents: _____

Mother's Maiden Name: _____

**** please provide a copy of the candidate's baptismal certificate ****

Has the Candidate celebrated the Sacrament of Reconciliation? Y/N

Has the Candidate celebrated First Eucharist? _____ Date _____

Parish Name: _____

Has the Candidate celebrated Confirmation: _____ Date _____

Parish Name: _____

Indicate which Sacraments you are seeking for the candidate:

Confirmation: Y/N

Eucharist: Y/N

Is there any additional information we need to know about the Candidate that would help us?
For example: food allergies, special learning needs, accommodations?

For Office use only:

Baptismal Certificate _____

Confirmation Certificate _____

Eucharist Certificate _____