

# St. Ann Religious Education Permanent Record Information

## PLEASE PRINT

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Home Phone # ( ) \_\_\_\_\_ Cell Phone # - mother \_\_\_\_\_  
Cell Phone # - father \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Father's Occupation \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

YOUR PARISH: ( PLEASE CIRCLE) St. Ann St. Joseph Holy Trinity

Child's City of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Mother \_\_\_\_\_  
(Last Name) (Maiden Name) (First Name) (Religion)

Father \_\_\_\_\_  
(Last Name) (First Name) (Religion)

## SACRAMENTAL HISTORY

Parish City State Zip Date

BAPTISM \_\_\_\_\_

PENANCE \_\_\_\_\_

EUCCHARIST \_\_\_\_\_

CONFIRMATION \_\_\_\_\_