



OFFICE OF RELIGIOUS EDUCATION
110 MAIN STREET, FARMINGTON, CT 06032

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 _____

Church where family is registered: ☐ St. Patrick Church, Farmington
☐ St. Mary Star of the Sea, Unionville

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 2023:	DOB (mm/dd/yyyy): School:	Place of birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
Sacramental Information Baptism: Parish of Baptism _____ City/State _____ Date _____ <input type="checkbox"/> Copy of Sacrament Record received Reconciliation: Parish of Reconciliation _____ City/State _____ Date _____ <input type="checkbox"/> Copy of Sacrament Record received First Communion: Parish of First Communion _____ City/State _____ Date _____ <input type="checkbox"/> Copy of Sacrament Record received		
Child's Name (2): Grade in 2023:	DOB (mm/dd/yyyy): School:	Place of birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
Sacramental Information Baptism: Parish of Baptism _____ City/State _____ Date _____ <input type="checkbox"/> Copy of Sacrament Record received Reconciliation: Parish of Reconciliation _____ City/State _____ Date _____ <input type="checkbox"/> Copy of Sacrament Record received First Communion: Parish of First Communion _____ City/State _____ Date _____ <input type="checkbox"/> Copy of Sacrament Record received		
Child's Name (3): Grade in 2023:	DOB (mm/dd/yyyy): School:	Place of birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
Sacramental Information Baptism: Parish of Baptism _____ City/State _____ Date _____ <input type="checkbox"/> Copy of Sacrament Record received Reconciliation: Parish of Reconciliation _____ City/State _____ Date _____ <input type="checkbox"/> Copy of Sacrament Record received First Communion: Parish of First Communion _____ City/State _____ Date _____ <input type="checkbox"/> Copy of Sacrament Record received		
Child's Name (4): Grade in 2023:	DOB (mm/dd/yyyy): School:	Place of birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
Sacramental Information Baptism: Parish of Baptism _____ City/State _____ Date _____ <input type="checkbox"/> Copy of Sacrament Record received Reconciliation: Parish of Reconciliation _____ City/State _____ Date _____ <input type="checkbox"/> Copy of Sacrament Record received First Communion: Parish of First Communion _____ City/State _____ Date _____ <input type="checkbox"/> Copy of Sacrament Record received		