

St. Joseph Church · 454 Germantown Road · West Milford NJ · 07480

Child's Name: _____
 First **Middle** **Last**

Date of Birth: _____ **Place of Birth:** _____

Father's Name: _____ **Religion:** _____

Mother's Name [include Maiden Name]: _____ **Religion:** _____

Sacraments *Please check the boxes below to indicate which sacraments this child has received.*

Baptism at St. Joseph Church in West Milford. Baptism Date: _____

Baptism at _____ **Church**

Address: _____
 City **State** **Zip**

A copy of your child's baptism certificate must be provided *if* the baptism did not take place at St. Joseph. The church where the baptism is recorded can fax us a copy at 973.697.3716.

Baptism Certificate received. Date _____

Penance was received on _____
 Date

Church: _____

Address: _____
 City **State** **Zip**

First Holy Communion was received on _____
 Date

Church: _____

Address: _____
 City **State** **Zip**

Grades completed in a religious education program: _____

Name & Address (including town & state) of Church where child previously attended religious education classes:

A letter - confirming attendance - from the parish where the child attended class last year is required.