## **REGISTRATION FORM – SACRAMENT PREPARATION**

St. Mary Church, Winneconne, Wisconsin

COMPLETE NAME OF CANDIDATE (As you want it printed on the certificate)				GRADE	SCHOOL ATTENDING		
DATE OF B	SIRTH: _						
Month		Day	Year	Age		Age	
CITY and S'	ТАТЕ ВС	ORN IN:					
PARENTS:	Father:						
		First Name		Middle Name		Last Name	
	Mother:						
	First Name			Middle Name		Maide	en Name
ADDRESS:							
	Stree	t/Route/Box		City		State	Zip
CONTACT	INFORM	IATION: Father:					
		•	Phone		Email		
		Mother					
		wiother.	Phone		Email		
D A DTICKA A	LINEOE	OMATION.					
DAFIISMA	L INFOR	RMATION: Montl		Day		Year	
Name of Par				City	State	Zip	
Priest Who l	Baptized (	Candidate					
Baptismal S	ponsor's l	Names:					

Please attach a copy of your child's baptismal certificate to this form( if you haven't already submitted it to the parish office) to Andy Krueger by October 4.