

CHILDREN LIVING AT HOME OR AT COLLEGE

NAME (First & Last): _____

DENOMINATION: _____

SEX: Male Female Male Female Male Female Male Female

DATE OF BIRTH: _____

PLEASE GIVE THE DATES FOR SACRAMENTS THE COMPUTER PROGRAM WILL NOT ACCEPT THIS INFORMATION WITHOUT A DATE. (CAN PUT MONTH AND YEAR, IF NOT SURE OF EXACT DATE)

BAPTISM: Yes Date _____ Yes Date _____ Yes Date _____ Yes Date _____
COMMUNION: Yes Date _____ Yes Date _____ Yes Date _____ Yes Date _____
CONFIRMATION: Yes Date _____ Yes Date _____ Yes Date _____ Yes Date _____

HANDICAPPED: Yes No Yes No Yes No Yes No
SPECIAL NEEDS:
DIFFICULT CLIMBING STAIRS: Yes No Yes No Yes No Yes No
HEARING IMPAIRED: Yes No Yes No Yes No Yes No
SIGHT IMPAIRED: Yes No Yes No Yes No Yes No
LOSE OF LIMB: Yes No Yes No Yes No Yes No
BLOOD TYPE: (DONOR) Yes No Yes No Yes No Yes No

OTHERS LIVING IN THE HOME

(NOTE: Person who are active wage earners should complete a separate form.)

NAME (First & Last): _____

DENOMINATION: _____

SEX: Male Female

DATE OF BIRTH: _____

RELATIONSHIP: _____

PLEASE GIVE THE DATES FOR SACRAMENTS THE COMPUTER PROGRAM WILL NOT ACCEPT THIS INFORMATION WITHOUT A DATE. (CAN PUT MONTH AND YEAR, IF NOT SURE OF EXACT DATE)

BAPTISM: Yes Date _____ Yes Date _____ Yes Date _____ Yes Date _____
COMMUNION: Yes Date _____ Yes Date _____ Yes Date _____ Yes Date _____
CONFIRMATION: Yes Date _____ Yes Date _____ Yes Date _____ Yes Date _____

HANDICAPPED: Yes No Yes No Yes No Yes No

SPECIAL NEEDS:
DIFFICULT CLIMBING STAIRS: Yes No Yes No Yes No Yes No
HEARING IMPAIRED: Yes No Yes No Yes No Yes No
SIGHT IMPAIRED: Yes No Yes No Yes No Yes No
LOSE OF LIMB: Yes No Yes No Yes No Yes No
BLOOD TYPE: (DONOR) Yes No Yes No Yes No Yes No

Do you receive the NC Catholic Paper? yes No