St. Francis

Adult Education Information Form

*Information is held in **confidence** and is not shared without permission*

Today's Date: _____

OFFICE USE ONLY

ADULT SACRAMENT PREPARATION

☐ **Baptism Certificate**
Attach certificate

☐ **First Holy Communion Certificate**
Attach certificate

Due to the Covid -19, we will offer online classes with Zoom meetings.

If you feel this option applies to you, please circle:

YES or NO

PERSONAL INFORMATION

Name: _____
First Name *Middle Name* *Last Name* *Maiden Name*

Date of Birth: _____ Place of Birth: _____
City/State/Province/Country

Fathers Name: _____
First Name *Middle Name* *Last Name* *Religion*

Mothers Name: _____
First Name *Middle Name* *Maiden Name* *Religion*

CONTACT INFORMATION

Mailing Address: _____

_____
City *State* *Zip Code*

Home Telephone: _____ Work Telephone: _____ Cell: _____

E-mail: _____

RELIGIOUS HISTORY

Date of baptism_____ Church of baptism: _____

Church Address: _____
Street *City* *State* *Zip Code*

Please check the Sacraments you have already received:

☐ Reconciliation *(confession)* ☐ Eucharist *(First Communion)* ☐ Confirmation

Are you attending mass at St. Francis? ☐ Yes ☐ No Are you registered at St. Francis? ☐ Yes ☐ No

Do you have someone to be your sponsor? ☐ Yes ☐ No **If no, please attach a letter from your Pastor permitting you to attend our classes.**

Sponsor(s) Name _____ _____