

Record of Sacraments
Saint Bernard's Faith Formation(2015-2016)

Father's Name _____ Mother's Name _____

Telephone number: _____

(fill out one form for each child in the faith formation program)

Child First Name: _____ Child Last Name _____

1. My child has received the following sacraments:

Sacrament	Date/Year Received	Parish/Church Location
Baptism		
Reconciliation (<i>confession</i>)		
Holy Eucharist (<i>communion</i>)		
Confirmation		

2. I would like my child to prepare for/receive the following sacraments:

Baptism

Reconciliation

Holy Eucharist (a 2-year program beginning no earlier than 1st grade)

Confirmation (a 2-year program usually beginning in 9th grade)