

St. Rita Catholic Parish
Request for Sacramental Preparation

Sacrament(s) Requested: First Reconciliation First Eucharist Confirmation

Student Name: _____
 (Last) (First) (MI)

Parent/Guardian Name: _____

Email (student): _____ Email (parent): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Student Cell Phone: _____ Parent Cell Phone: _____

Current Grade: _____ Grad Year: _____ School Attending: _____

Is your family members of St. Rita Catholic Parish, Clarklake, Michigan?

- Yes.
- No. Please list the name of the church where you are registered.

Was the student baptized at St. Rita Catholic Parish Clarklake, MI

- Yes.
- No. Please indicate the parish name, city and state where you were baptized.*

***We need an OFFICIAL copy of your child's baptismal record. Please call the church where they were baptized and have them send a signed and stamped copy to St. Rita, 10516 Hayes Road, Clarklake, MI 49234.**

I have read, understand and agree to comply with the requirements of the Sacramental Preparation Program outlined by St. Rita Catholic Parish.

All students preparing for a sacrament must be enrolled in a formal religious education program. Please indicate below

- My child is enrolled in St. Rita Religious Education Program or EDGE
- My child is enrolled in (please specify) _____

Parent/Guardian Signature: _____

Date: _____

Cost: \$10 **per sacrament**, payable to St. Rita Church

Office Init: _____ Amt Due: \$ _____ Amt Paid: \$ _____ Method: Check___ Cash___ Online___