

St. Rita Catholic Parish  
Request for Sacramental Preparation

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Student Name: \_\_\_\_\_  
(Last) (First) (Middle - full middle, not just initial)

Sacrament(s) Requesting: **Please complete one form for each sacrament requested. Date will be filled in when completed**

First Reconciliation \_\_\_\_\_  First Eucharist \_\_\_\_\_  Confirmation \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City and State

Mother's Full Name: \_\_\_\_\_ Maiden Name \_\_\_\_\_

Father's Full 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. Date of baptism: \_\_\_\_\_
- No. Please indicate the parish name, city and state where you were **baptized**. \*

\_\_\_\_\_

Godparent's Name(s): \_\_\_\_\_

**\*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 is \$10 per sacrament, payable to St. Rita Parish*

Amt Paid:\$ \_\_\_\_\_ Method: Check \_\_\_\_\_ Cash \_\_\_\_\_ Online \_\_\_\_\_

<input type="checkbox"/> Record Updated: Date _____ Init. _____
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