



Sacrament Registration Form

Holy Family Cathedral
820 S Boulder Ave
Tulsa, OK 74119

Sacrament(s) to be received:

First Reconciliation First Eucharist Confirmation

Information about Child Receiving Sacrament

Name _____

Place of Birth _____

Date of Birth _____

Has this person ever been Baptized in any way before? (Check One) Yes No

If person is being confirmed, the confirmation saint chosen is _____

A COPY OF BAPTISMAL CERTIFICATE MUST ACCOMPANY THIS FORM. IF THE CHILD WAS BAPTIZED AT HOLY FAMILY CATHEDRAL PLEASE CONTACT THE PARISH OFFICE AT 918-582-6247 WITH AN APPROXIMATE DATE OF BAPTISM SO THAT WE CAN PULL THE RECORDS.

Information about Parents

Father's Name: _____

Father is: (Check One): Catholic Non-Catholic

Mother's Name: _____ Mother's Maiden Name _____

Mother is: (Check One): Catholic Non-Catholic

House Address: _____

Mailing Address: _____

Telephone number (best number to use for contacting family) _____

Are parents Married: (Check One) Yes No

Information about Sponsors for Sacrament(s) Being Received

Name of Sponsor: _____

Address of Sponsor: _____

If married, was Sponsor married in the Church?

(Check One) Yes No

Is Sponsor a practicing Catholic? (Check One) Yes No

For Office Use Only:

Baptism:

Date Sacrament Received: _____ Location: _____

Presider: _____

Date of Sacramental Preparation Classes: _____ Location _____

Registry entry: Volume _____ Page _____ Line _____ Entered by _____

First Reconciliation:

Date Sacrament Received: _____ Location: _____

Presider: _____

Registry entry: Volume _____ Page _____ Line _____ Entered by _____

Church of Baptism Notified _____

First Eucharist:

Date Sacrament Received: _____ Location: _____

Presider: _____

Registry entry: Volume _____ Page _____ Line _____ Entered by _____

Church of Baptism Notified _____

Confirmation:

Date Sacrament Received: _____ Location: _____

Presider: _____

Registry entry: Volume _____ Page _____ Line _____ Entered by _____

Church of Baptism Notified _____