Church of Santa Maria

40 Santa Maria Way
Orinda, CA 94563
925.254.2426

SACRAMENTAL REGISTRATION FORM
For Reconciliation & Eucharist * 2009- 2010

Name of Candidate: _____

Date of Birth: _____

Name of Father: _____

Name of Mother: _____

Maiden Name of Mother: _____

Address: _____

Phone: _____

E-Mail: _____

Child was baptized at Santa Maria: YES NO Date:

We will need a copy of your child's baptismal certificate if s/he was not baptized at Santa Maria. A copy of the certificate needs to be on file with this form at the beginning of the Fall Faith Formation sessions.

Reconciliation / Eucharist Sacramental Fee
Please make check payable to: Church of Santa Maria

Signature of Parent _____ **Date** _____

For Office Use:
Paid ___
Date
Check I _____.

Bap. Certificate____