

SACRAMENTAL INFORMATION DATA

Required for Reconciliation/Holy Eucharist and Confirmation Reception



Sacred Heart Parish Office of Faith Formation

Students Full Name : _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Student's Address: _____

Student's Date of Birth: _____

Child's Place of Birth: (City/ State): _____

Date of Baptism: _____

Church: _____

Place of Church: (City/State): _____

** please include a copy of their Baptismal Certificate if NOT Baptized at
Sacred Heart Church, Groton*

Please provide the following information so we can communicate efficiently.

Thank you in advance.

Email address: _____

Best phone number(s) to reach you: Day _____

Evening _____

***Please return to the School Office or the Rectory
In c/o Marissa Mills, DRE***

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