

Saint Raphael Parish
Office of Faith Formation
103 Walker Street | Manchester, NH 03102
Tel: 603.623.2604 | www.st-raphael-parish.org

Faith Formation Program Sacramental Information Sheet

Child's Full Name (first, middle, last) _____

Address _____ City, State _____

Home/Cell Phone _____ Email _____

Father's Full Name _____

Mother's Full Name _____

Mother's Maiden Name _____

Child's Birthdate _____ City and State of Birth _____

If your child was baptized in a church other than Saint Raphael Parish, a copy of the Baptismal record must accompany this form. If your child was baptized at Saint Raphael Parish, please indicate the month and year in which that baptism took place.

At Saint Raphael Parish (month and year) _____

At other Parish (Name of Church): _____

City and State: _____ Date of Baptism: _____

Please return the completed sheet to:

**Saint Raphael Parish, Religious Education Office
at: 103 Walker Street, Manchester, NH 03102**

Return with Religious Education Registration Form!