

North County Outreach Initiative
Holy Family Catechesis Ministry of St. Francis of Assisi
2025-2026

Preferred days: M, Th, Sat other____ Family Registration #____ Date____
Sacrament: OCIA (3 Sacraments)____ Baptism____ 1st Communion____ Confirmation____
NAME of person receiving sacrament

First Name Last Name(s)

Gender: M__F__. Age:____ Date of Birth: (Month, Day, Year)____/____/____
Grade in School____ School of Attendance____

Children Fluency: English____ Spanish____
Parents Fluency: English____ Spanish____

Names as written on child's Birth Certificate:

Mother: Name (First/Last)_____
Received: Baptism: ____ 1st Communion: ____ Confirmation: ____

Father: Name (First/Last)_____
Received: Baptism: ____ 1st Communion: ____ Confirmation: ____
Married: civil____ sacramento del Santo Matrimonio____

Address: _____

Cell: Mother____ Father:_____

E-mail: Mother____ Father:_____

Signature Mother____ Father_____

SPONSORS/GODPARENTS: For Baptism, Three Sacraments, Confirmation

Full Name (First/Last)_____

Cell: _____ e-mail_____

Language fluency: English____ Spanish____ Sacraments of Initiation____

For First Communion and Confirmation: *From Child's Baptism Certificate:* :

Date: month/day/year _____

Place of Baptism: Name of Church_____

City_____ State_____