



The following information is requested by the diocese of Buffalo and will be maintained on each child's religious education permanent record card.

Family Information

Family Last Name: _____

Father's Name: _____ Father's Religion: _____

Mother's Name: _____ Mother's Religion: _____

Home Address: _____

City: _____ Zip Code: _____ Home Phone #: _____

Father's Cell #: _____ Mother's Cell #: _____

Father's Email: _____ Mother's Email: _____

Registered Parish: _____

Please complete a "Child Information" section for each of your children

Child Information

Child's Name: _____ Birthdate: _____

School: _____ Grade: _____

Baptism (Church, City, Date): _____

First Penance (Church, City, Date): _____

First Eucharist (Church, City, Date): _____

Allergies/Special Needs: _____

Child Information

Child's Name: _____ Birthdate: _____

School: _____ Grade: _____

Baptism (Church, City, Date): _____

First Penance (Church, City, Date): _____

First Eucharist (Church, City, Date): _____

Allergies/Special Needs: _____



Child Information

Child's Name: _____ Birthdate: _____

School: _____ Grade: _____

Baptism (Church, City, Date): _____

First Penance (Church, City, Date): _____

First Eucharist (Church, City, Date): _____

Allergies/Special Needs: _____

Child Information

Child's Name: _____ Birthdate: _____

School: _____ Grade: _____

Baptism (Church, City, Date): _____

First Penance (Church, City, Date): _____

First Eucharist (Church, City, Date): _____

Allergies/Special Needs: _____

Child Information

Child's Name: _____ Birthdate: _____

School: _____ Grade: _____

Baptism (Church, City, Date): _____

First Penance (Church, City, Date): _____

First Eucharist (Church, City, Date): _____

Allergies/Special Needs: _____