



### Candidate Information

Candidate's Full Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Age: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Mother's Name (including maiden name): \_\_\_\_\_  
Father's Cell Phone # \_\_\_\_\_ Mother's Cell Phone #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Father's Email: \_\_\_\_\_  
Mother's Email: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Allergies/Special Needs: \_\_\_\_\_  
Registered Parish: \_\_\_\_\_

### Sacrament Information

Baptism Church: \_\_\_\_\_  
Baptism date, city, state: \_\_\_\_\_  
First Reconciliation Church: \_\_\_\_\_  
First Reconciliation date, city, state: \_\_\_\_\_

Submit a copy of all sacramental certificates (i.e., Baptism and First Reconciliation) to Ashlee Campbell, if sacrament was received at a church other than St. Louis.

Submit completed form to the DRE, Ashlee Campbell, via:

**Mail:** 35 Edward Street, Buffalo, NY 14202-1505  
**Fax:** 716.853.9225  
**Email:** [religioused@stlouisrcchurch.org](mailto:religioused@stlouisrcchurch.org)