



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: stlouisfaithformation@gmail.com