

Sacramental Record Form

Elect Information

Full Name of the Elect (First, Middle, Last):

Registered Parishioner: Yes No

Date of Birth: _____

Gender: Male Female

Current Address: _____

Contact Email: _____

Contact Phone Number: _____

Baptismal Information

(complete if received Catholic baptism at St. Gerard's or another church)

Date of Baptism: _____

Church Name, City and State: _____

Godparents: _____

Officiated By: _____

Type: OCIA RelEd RCIA Other

Eucharistic Information (First Communion)

Date of First Eucharist: _____

Officiated By: _____

Type: OCIA RelEd RCIA Other

Confirmation Information

Date of Confirmation: _____

Sponsor: _____ Saint's Name: _____

Officiated By: _____

Type: OCIA RelEd RCIA Other

Matrimonial (Marriage) Information

Date of Marriage: _____

Officiated By (Priest/Officiant): _____

Bride's Maiden Name: _____

Groom's Full Name: _____

Dispensation for Bride?: Yes No For Groom?: Yes No

Witness(es): _____

Parental Information (Complete only if elect is a minor)

Mother's Name: _____

Mother's Religion: _____ Maiden Name: _____

Father's Name: _____

Father's Religion: _____

Mother/Father's Cell Phone Number: _____

**Please drop form into collection basket, turn
into the parish office, or email to
[records@saintgerardmajella.net!](mailto:records@saintgerardmajella.net)**