



Basilica of the Co-Cathedral of the Sacred Heart

Registration Form 2018-19

Student Name: _____ Sex: _____ Grade: _____
Last First Middle

Address: _____
and street City Zip

Phone #: _____ Date of Birth: ____/____/____

School presently attending: _____

FAMILY INFORMATION

Father's Name: _____ Catholic: Yes _____ No _____
First Middle Last

Home #: _____ Work#: _____ Cell #: _____

Mother's Name _____ Catholic: Yes _____ No _____
First Middle Last

Home #: _____ Work#: _____ Cell#: _____

SACRAMENTAL INFORMATION ON CHILD

Baptism Date ____/____/____ Church: _____

City/State: _____

Reconciliation: _____ 1st Eucharist: _____ Confirmation: _____
Yes/No Yes/No Yes/No

IMPORTANT:

**Please complete this form and Return to the Parish Office ASAP!
Drop off or mail to: 1114 Virginia Street East, Charleston, WV 25301
Fax: 304-344-3907 or scan and email: ahodges@shccwv.us**