



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: \_\_\_\_\_ 1<sup>st</sup> 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](mailto:ahodges@shccwv.us)**