



Holy Name of Jesus Church

1950 Barnum Ave Stratford CT 06614
203.385.5815 faithformation@hnojchurch.org

Family name: _____

Child's name: _____

Address _____

Phone # _____ Email _____

Sacraments

Baptism

My child is Baptized.

Date of Baptism _____

Church name and address _____

My child has not yet been Baptized _____

Note: *If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.*

Eucharist:

My child received First Communion (Eucharist)

Date _____

Church name and address _____

My child has not yet received Eucharist _____

Sacrament of Reconciliation

My child received the Sacrament of Reconciliation

Date _____

Church name and address _____

My child has not yet received the Sacrament of Reconciliation _____

Confirmation

My child received the Sacrament of Confirmation

Date _____

Church name and address _____

My child has not yet been Confirmed _____