



## THE ROMAN CATHOLIC DIOCESE OF CHALAN KANOA

P.O. BOX 500745, CHALAN KANOA, SAIPAN, CNMI, MP 96950

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### NOTIFICATION OF RECEPTION OF SACRAMENT

DATE: \_\_\_\_\_

#### PERSONAL INFORMATION

Name (First, Middle, Last): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Residence: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

#### BAPTISM INFORMATION

Baptismal Name (if diff. from above): \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Priest/Minister: \_\_\_\_\_

Godfather: \_\_\_\_\_

Godmother: \_\_\_\_\_

Place of Baptism (Church): \_\_\_\_\_

(City, State) \_\_\_\_\_

#### FIRST COMMUNION INFORMATION

First Communion Name (if diff. from above): \_\_\_\_\_

Date of First Communion: \_\_\_\_\_

Priest/Minister: \_\_\_\_\_

Place of First Communion (Church): \_\_\_\_\_

(City, State) \_\_\_\_\_

#### CONFIRMATION INFORMATION

Confirmation Name (if diff. from above): \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_

Bishop/Minister: \_\_\_\_\_

Godfather: \_\_\_\_\_

Godmother: \_\_\_\_\_

Place of Confirmation (Church): \_\_\_\_\_

(City, State) \_\_\_\_\_

THANK YOU FOR NOTING THE INFORMATION IN YOUR REGISTER.