# FY27 Adult (Age 16 and over) Sacramental Registration
# St. Martin of Tours Catholic Community, Fort Lee, Virginia

Please LEGIBLY PRINT all information.

Requested Sacrament(s):

_____ Baptism
_____ First Reconciliation
_____ First Holy Communion
_____ Confirmation
_____ Marriage
_____ Convalidation

**STUDENT INFORMATION**

Full Legal Name: _____
(First) (Middle) (Last)

Address _____

_____
(City) (State) (Country)

Email address (18 and over): _____

Date of Birth _____

Place of Birth _____
(City) (State) (Country)

Gender at birth: Male Female Age: _____ Entrance Grade Fall 2026: _____

Allergies/Special Needs: _____

Student has been Baptized in the _____ faith.
(Catholic, Evangelical, Lutheran, SSPX, etc.)

Date of Baptism: _____

Church of Baptism: _____
(Name of Church)

Mailing address of Baptismal Church: _____

Marriage status: Single _____ Married _____ Divorced _____ Widowed _____

**PARENT/GUARDIAN INFORMATION**

Father's Full Legal Name:_____
(First) (Middle) (Last)

Mother's Full Legal Maiden Name: _____
(First) (Middle) (Maiden)

Home Address:_____

For you or your child to celebrate the Sacraments of First Reconciliation, First Holy Communion or Confirmation, we must receive a valid Baptismal Certificate for your child prior to the celebration of the sacrament. Please furnish a copy to the Catechist **no earlier than 6 months, but no later than 1 week prior to the sacrament**.

**Parent or guardian:** By signing below, you are stating it is your intention that the child named above desires to continue his or her faith journey by further participating in the sacramental life of the Catholic Church. As the parent of the named child, you are considered the primary educator of your child's faith. St. Martin of Tours trusts that you will exercise this responsibility and privilege by completing the Sacramental Formation Program as it is outlined, and that with our assistance, you will do your best to assist your child on his or her journey by participating fully in the sacramental life of the church. It is our honor to support you in this endeavor.

**Self:** By signing below, you are stating it is your intention and desire to continue your faith journey by further participating in the sacramental life of the Catholic Church. St. Martin of Tours trusts that you will exercise this responsibility and privilege by completing the Sacramental Formation Program as it is outlined, and that with our assistance, you will do your best on this journey by participating fully in the sacramental life of the church. It is our honor to support you in this endeavor.

Printed Name _____

Signature _____ Date: _____