MOST PRECIOUS BLOOD CHURCH
3959 E. Iliff Ave
Denver, CO 80210
(303) 756-3083

For Office Use

Sacrament Date: _____

First Communion & Confirmation Information Recorded:
Database _____ Archdiocese _____

Bap Reg Book _____ Con Reg Book _____

Baptism Letter Sent: _____

SACRAMENTAL RECORDING FORM – Restored Order
Confirmation and First Communion – ALL Candidates must complete

Baptismal Information:

This form must be accurately completed for ALL candidates celebrating the sacraments. This form does not take the place of the certified baptismal record that MPB must also receive from your child's church of Baptism (sent to "Most Precious Blood, c/o Kristen Kraus, 3959 E. Iliff Ave., Denver, CO 80210"). **A COPY OF THE CERTIFICATE YOU RECEIVED AT THEIR BAPTISM CANNOT BE ACCEPTED**.

PLEASE PRINT CLEARLY AND FILL OUT FORM COMPLETELY & ACCURATELY

CHILD'S NAME_____ Male ☐ Female ☐
First Middle Last

CHILD'S CONFIRMATION SAINT NAME: _____

CHILD'S DATE OF BIRTH: _____ CHILD'S AGE AT CONFIRMATION: _____
Month/Day/Year

CHILD'S CHURCH OF BAPTISM_____

COMPLETE MAILING ADDRESS OF CHURCH OF BAPTISM: _____
Street

_____CHILD'S DATE OF BAPTISM: _____
City State Zip Month/Day/Year

CONTACT & EMAIL FOR CHURCH OF BAPTISM: _____

HOME ADDRESS_____
Street City Zip

FATHER'S NAME _____
First Middle Last

MOTHER'S NAME _____
First Middle **(Maiden Name: Must provide)** Last

YEAR OF CHILD'S FIRST RECONCILIATION: _____

CHILD'S SPONSOR'S NAME: _____

The candidate's sponsor is a practicing Catholic over the age of 16: Yes No

SPONSOR'S CHURCH AND CITY/STATE: _____