

# ST. VINCENT de PAUL Catholic Church

9500 Neenah Drive  
Austin, Texas 78717

## INFORMATION COVER SHEET for the Sacraments of Reconciliation & Eucharist

### Child/Youth Information

*Please PRINT all information*

First Name:	Middle:	Last:	Date of Birth ____ / ____ / ____ Age: ____ Grade Level: ____
Sacramental guidelines indicate the child/youth should be in enrolled in the parish's RE program during this time or attend Catholic School. Please select: <input type="checkbox"/> SVdP RE program grade ____ day/time ____ <input type="checkbox"/> Catholic school name & grade _____			

### Parent Information

Father's First Name:	Middle:	Last:	
Mother's First Name:	Middle:	Last:	Maiden:

### Home Address

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Our parish requests a \$50 donation per child/youth to cover sacrament preparation materials (e.g., 2 textbooks per child/youth, sacramental service worship aids, decorations, receptions & gifts, and associated photography costs). A receipt will be provided. *Please make checks payable to St. Vincent de Paul Catholic Church.*

### Baptism Information (COPY OF CERTIFICATE MUST BE ATTACHED TO THIS FORM) Catholic Non-Catholic

Church Name:	
Mailing Address:	
City & State:	
Zip Code (Country if applicable):	
Date of Baptism:	

***All of the above information should be filled in completely and turned in to the Parish office or the RE Coordinator by October 15, 2010.***