

Mary, Queen of Heaven

Sacramental History Record(s)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ City & State of Birth: _____

Hospital: _____

Father's Name: _____

(First)

(Middle)

(Last)

Mother's Name: _____

(First)

(Middle)

(Maiden)

(Last)

Date of Baptism: _____

Church where baptized: _____

City: _____ State: _____ Zip: _____

Denomination: _____ Minister: _____

Date Received into Full Communion of the Catholic Church: _____

Where? _____

(Church Name)

Address: _____

Pastor: _____

Date of First Holy Communion: _____

Church where received: _____

City: _____ State: _____ Zip: _____

Date received Confirmation: _____

Church where received: _____

City: _____ State: _____ Zip: _____

Date of Marriage: _____ Convalidation? Yes No

Presiding Minister: _____

Where: _____

Spouse: _____

Please return form to kleisinger@mqhparish.com or fax to 859-525-7067