

Last Name _____
Check # _____ Amount _____
Received by _____
Date _____

Our Lady of Victory National Shrine Religious Education

Office of Religious Education
2760 South Park Ave. Lackawanna, NY 14218
828-9437

Registration for Sacramental Program 2016-2017 Reconciliation

Please fill out both sides of this form.

Grade _____ Room No. or Teacher in school _____

Child's Full Name: _____
Last First Middle

Address: _____
Street City ZIP

Phone: _____

Date of Birth: _____ Age: _____

Sacrament	Received	Date	Church	Location
Baptism	Yes No			

If your child was not baptized at OLV, a copy of your child's Baptismal certificate must be given to the Religious Education office with this form.

Please Note: There is a \$25.00 sacramental fee for the Reconciliation program. Please submit fee with the registration form.

(Over)

Mother's Name: _____ Father's Name: _____

Mother's Maiden Name: _____

Religion: _____ Religion: _____

Parish: _____ Parish: _____

Child resides with: Mother _____ Father _____ Both _____

Other _____

Please fill in your address and home phone number *if* your address and phone number is different than the information given for your child.

Mother's Address: _____ Father's Address _____

_____ ZIP _____ ZIP _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Mailings from the Religious Education office should be addressed to:

Thank-you!!