

**HOLY ANGELS PARISH
SACRAMENTAL INFORMATION
FOR
RELIGION LEVEL 2**

NAME: _____

PARENTS' NAMES: _____

ADDRESS: _____

CITY/ST/ZIP: _____

E-MAIL: _____
(will send you reminders of meetings, etc)

Phone Numbers: H: _____ Cell: _____

SACRAMENT OF BAPTISM INFORMATION:

DATE: _____

****CHURCH/CITY:** _____

**** If the baptism was performed at a church outside of the 3 churches in Sandusky, please bring to the parish office the original baptismal certificate with the seal. We will make a copy of it and return the original to you.**

Please return this form with Sacrament Fee of \$30 to:

Sr. Joyce Marie Bates, SND
Holy Angels Parish
428 Tiffin Ave.
Sandusky, OH 44870