Sacred Heart Church

111 4th Street N.W. ♦ Waseca, MN 56093 ♦ 507-835-1222

Family Name

_____ _____yes_____no____
(Last Name) (Phone) (Unlisted)

_____ _____ _____ _____
(address) (City) (State) (Zip)

_____
(Email address)

Male

Last Name-_____

First Name-_____

Date of Birth-_____

Education: grade/degree-_____

Religion _____

Baptized- _____ _____
Yes No

Confirmed- _____ _____
Yes No

Occupation-_____

Marital Status: Single-_____ Married-_____
Widowed-_____ Separated-_____
Divorced-_____

Female

Last Name-_____

First Name-_____Maiden Name-_____

Date of Birth-_____

Education: grade/degree-_____

Religion _____

Baptized- _____ _____
Yes No

Confirmed- _____ _____
Yes No

Occupation-_____

Marital Status: Single-_____ Married-_____
Widowed-_____ Separated-_____
Divorced-_____

Marriage Information Married by: Priest_____ Minister_____ Civil Auth._____

Date _____ Church _____ City/State_____

Children Birth thru High School

Name	Sex	Birthdate	Where Baptized	Sacraments Received: Baptism	1st Comm	1st Conf	Confirmation