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**Parish/Church Affiliation**

Are you a registered and contributing member of St. Jude the Apostle Parish?

Circle one: YES NO      If yes, parish Envelope #: \_\_\_\_\_

If you are a registered St. Jude parishioner family, approximately for how long? \_\_\_\_\_

If not a registered parishioner of St. Jude where are you registered?

Name of Parish/church: \_\_\_\_\_ City: \_\_\_\_\_

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**Sacramental Information of Candidate Student**

Baptism Date: \_\_\_\_\_ Church/parish: \_\_\_\_\_

City and State: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Church/parish: \_\_\_\_\_

City and State: \_\_\_\_\_

Is your child presently attending CCD classes?    Yes: \_\_\_\_\_      No: \_\_\_\_\_

Where? \_\_\_\_\_ Grades of Attendance \_\_\_\_\_

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**Sibling Information**

**Name**

**Age**

**School Attending**

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