

Saint Mary Catholic Church

CCD Registration Form LLC #237

4050 S. 3900 W.

West Haven, Utah 84401

801 621-2274



Registered with Church - Yes ___ NO ___

CCD Class Choice:

SATURDAY 9:30am ___ SUNDAY 10:30am ___

MONDAY 7:30 pm Jr High ___ & High School ___

CCD YEAR _____

Family Name _____ PAID ___ NOT PAID ___ Address _____

City _____ Zip _____ Cell Phone _____ Home Phone _____ Work Phone _____

Father Name _____ Religion _____ Mother First Name _____ Maiden _____ Religion _____

Child - 1 Name _____
Male or Female _____
Date of Birth _____
Place of Birth _____

Child - 2 Name _____
Male or Female _____
Date of Birth _____
Place of Birth _____

Child - 3 Name _____
Male or Female _____
Date of Birth _____
Place of Birth _____

Date of Baptism _____
Church _____

Date of Baptism _____
Church _____

Date of Baptism _____
Church _____

Date of Communion _____
Church _____

Date of Communion _____
Church _____

Date of Communion _____
Church _____

Date of Confirmation _____
Church _____

Date of Confirmation _____
Church _____

Date of Confirmation _____
Church _____

Name of School (Public or Private
or Charter) _____
Current School Grade ___ &
CCD Grade ____

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or Charter) _____
Current School Grade ___ &
CCD Grade ____

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or Charter) _____
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Family Name _____ PAID ___ NOT PAID ___ Address _____

City _____ Zip _____ Cell Phone _____ Home Phone _____ Work Phone _____

Father Name _____ Religion _____ Mother First Name _____ Maiden _____ Religion _____

Child - 4 Name _____
Male or Female _____
Date of Birth _____
Place of Birth _____

Child - 5 Name _____
Male or Female _____
Date of Birth _____
Place of Birth _____

Child - 6 Name _____
Male or Female _____
Date of Birth _____
Place of Birth _____

Date of Baptism _____
Church _____

Date of Baptism _____
Church _____

Date of Baptism _____
Church _____

Date of Communion _____
Church _____

Date of Communion _____
Church _____

Date of Communion _____
Church _____

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