

Date of Service ____/____/____ Time _____ English ____ Spanish ____ Catholic ____ Non-denominational ____

Living Grace



Old Catholic Apostolic Church

1201 N. Piedras El Paso TX, 79930 Ph. (915)261-3369

Sacrament Registration Form

First Name: _____ M.I. _____ Last Name: _____

D.O.B. ____/____/____ City _____ State _____

Parents

Will both parents be present ____Yes ____No _____

Married ____ Separated ____ Divorced ____ Living together ____

Mothers Full Name: _____ M.I. _____ D.O.B. ____/____/____ Phone: (____) _____

Fathers Full Name: _____ M.I. _____ D.O.B. ____/____/____ Phone: (____) _____

Address _____ State _____ Zip _____

Sponsors

Sponsors Name & D.O.B. _____

All sacraments MUST be paid in full at time of registration.

- Baptism \$75.00
- 1st Communion \$100.00
- Confirmation \$100.00

OCAC Information Page Received by: _____

Cancellation: In the event of cancellation all parties agree that the deposit and any donation made to date, is non-refundable.

Final Payment: Payment in full must be made 15 days prior to the event. Failure to do so is considered an automatic cancelation of your event. Checks should be made payable to La Paz Faith Center.

Date of Payment

Amount

Receipt#

Date of Payment	Amount	Receipt#

Date of class attended: _____ given by: _____
 Release Certificate ____Yes ____No Reason _____
 Date Certificate Given ____/____/____ Received By _____