

SS PETER & PAUL CATHOLIC CHURCH
222 1ST Ave South, PO Box 224
Mazeppa, MN 55956-0224



Faith Formation Director: Callie Markson
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SACRAMENTAL INFORMATION SHEET

Students Full Name (Include Middle) _____

Place of Birth (City and State) _____

Students Birth Date _____ **Date of Baptism** _____

Church and City of Baptism _____

Present Address _____

Parents Full Names (Include Middle and Mother's Maiden name) _____

Confirmation Only:

Sponsor _____

Confirmation/Saint Name _____