

St. Elizabeth Ann Seton Catholic Church
P.O. Box 648, Quinton, VA 23141

2025/2026 Sacrament Registration Form

Sacrament to receive: _____

Name of recipient: _____

Both Parents Names:

Address: _____

Phone: _____

Email: _____

Recipient Birth date: _____

*Name and address of church where recipient was baptized:

Date of Baptism: _____

Sponsor: _____

*A copy of the recipient's baptismal certificate must also be submitted in order to be eligible to receive a Sacrament.