



## Dependent Children Information

	Relationship to Head of Household <small>(Son, Daughter, Mother, Father etc.)</small>	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language										
4.			M / F	/ /												
Check if Sacrament Received. Add Date if known. <table style="width: 100%; margin-left: 100px;"> <tr> <td>Baptism <input type="checkbox"/></td> <td>Catholic? <input type="checkbox"/></td> <td>Eucharist <input type="checkbox"/></td> <td>Reconciliation <input type="checkbox"/></td> <td>Confirmation <input type="checkbox"/></td> </tr> <tr> <td> / /</td> <td></td> <td> / /</td> <td> / /</td> <td> / /</td> </tr> </table>							Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	/ /		/ /	/ /	/ /
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