

St. Mary Star of the Sea

Ministry Form

Ministry: _____

Name: _____

Address: _____

Birthdate: _____

Place of birth: _____

Phone Number: _____

Email: _____

Name of Spouse: _____

Sacraments Information:

Baptism: _____

First Communion: _____

Confirmation: _____

Marriage: _____

Virtus Training

Date: _____

Location: _____