

Saint Mary Roman Catholic Church
Diocese of Gary
525 North Broad Street
Griffith, IN. 46319

219-922-2277
FAX: 219-922-2291
Email: st_mary_reled_griffith@yahoo.com

Certificate of Transfer
Office of Religious Education

Date: _____

Name of Child: _____ Current Grade: _____

Parents or Guardians: _____

Transferring *from* what parish program: _____ City: _____

Transferring *to* what parish program: _____ City _____

Baptism: _____ Church: _____
Month day year name address

First Communion: _____ Church _____
Month day year name address

Text Used: _____ Publisher: _____

Confirmation: ____/____/____ Church: _____
Month day year name address

Text Used: _____ Publisher: _____

First Reconciliation: _____ Church: _____
Month day year name address

Text Used: _____ Publisher: _____

Attendance Record: Total number of class days per year: _____ Length of each class: _____

(mark number of days absent)

Pre	K	1	2	3	4	5	6	7	8	9	10	11	12

Comments _____

Signature of DRE/CRE _____

Signature of Pastor _____