



Frank J. Zolvinski

DIOCESE OF GARY

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**Diocese of Gary
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 or Pastor _____