

FIRST RECONCILIATION & FIRST EUCHARIST REGISTRATION FORM

Candidate's Information: Please Print Clearly

First Name: _____ Last Name: _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Church of Baptism: _____

Parents' Information: Please Print Clearly

Father's Name: _____

Mother's Name: _____

(including birth surname)

Address: _____

Postal Code: _____ Phone Number: _____

Contact Email: _____

Parent's Place of Marriage: _____

School attended by candidate: _____

Date & Mass time you would like to make First Communion: _____

If you would like to make First Communion at a mission church, please state the name of the church here: _____

SIGNATURE OF PARENT

IF YOUR CHILD WAS BAPTISED IN A PARISH OTHER THAN ST. MARY'S AND THE MISSIONS, PLEASE PROVIDE A COPY OF HIS/HER BAPTISMAL CERTIFICATE ALONG WITH THIS FORM

For office use only: Baptismal certificate received? Yes No