

FIRST RECONCILIATION & FIRST EUCHARIST REGISTRATION FORM

Candidate's Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Church of Baptism: _____

Parents' Information:

Father's Name: _____

Mother's Name: _____

Address: _____

Postal Code: _____ Phone Number: _____

Contact Email: _____

Parent's Place of Marriage: _____

Church you attend Mass as a family: _____

Frequency of Mass attendance: Regularly Occasionally Never

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