



First Reconciliation/Holy Communion Registration Form

Please complete this form digitally and email it to the parish.

Parish Information

Name of Parish: _____ City: _____

I currently live within the territorial boundaries of the parish.

I currently **do not** live within the territorial boundaries of the parish, but I am formally registered at the parish.

Child's Information

Full legal name of child:

First Name

Middle Name(s)

Last Name

Male Female Date of Birth: _____ City of Birth: _____

Church of Baptism: _____ Date of Baptism: _____

Address of Baptismal Church: _____

School: _____

Parent's Information

Mother (Full legal name & Maiden Name):

First Name

Middle Name(s)

Last Name

(Maiden Name)

Religion: Roman Catholic Other: _____ None

Present Address: _____

Street

City

Postal Code

Phone: _____ Email: _____

I am a parent of, or have legal custody of the child.

Father (Full legal name):

First Name

Middle Name(s)

Last Name

Religion: Roman Catholic Other: _____ None

Present Address: Same as mother's

Street

City

Postal Code

Phone: _____ Email: _____

I am a parent of, or have legal custody of the child.

Declaration

I, the undersigned, declare that the information on this form is true and accurate.

Name (PLEASE PRINT): _____

Signature: _____ Date: _____