



ST. ELIZABETH ANN SETON PARISH
First Holy Communion Registration Form

Personal Information

Child's Name: _____ [] Male [] Female

Parents' Name: _____

Address: _____ | _____ | _____ | _____
STREET CITY STATE ZIP

Phone: _____ Mobile: _____ Email: _____

Religious Ed. Grade: _____ SETON School Grade: _____ DOB: _____ Age: _____

[] I am a registered Parishioner of S.E.A.S [] I belong to the parish of: _____

Sacraments Information

Date of Baptism: _____ Church of Baptism: _____

Address of Church: _____ | _____ | _____ | _____
STREET CITY STATE ZIP

Registration in the program is not complete until we receive proof of baptism. Proof of baptism is required by October 1. Please contact the parish/Church of baptism as soon as possible. You may fax documents to 765-966-0820. You may also choose to email to kking@setoncatholics.org.

Covenant Commitment

In preparation for receiving the sacrament of Holy Communion, I agree to complete the requirements set for by St. Elizabeth Ann Seton Parish and the Archdiocese of Indianapolis. I understand and commit that:

- [] We will encourage our child to attend and participate in first Holy Communion preparation for one year prior to the celebration of first Holy Communion.
[] We will help and assist my child in learning the lessons, using the materials provided.
[] We will attend all meetings regards to first Holy Communion and first Reconciliation, including the practice before the celebration.
[] We will regularly attend Sunday Mass with our child and help understand the celebration of the Holy Mass.
[] Following the First Holy Communion, we will encourage our children to frequent the sacrament of reconciliation and attend the Holy Mass on Sundays and other days of obligation.

Parent Signature

Parent Signature

Date

Place