

SS. Cyril & Methodius Catholic Church  
REGISTRATION FORM:  
First Confession / Communion

Please complete all information as it is listed on the Birth / Baptismal Certificate.

**Student's Name:**

\_\_\_\_\_

First Middle Last

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

City State

Date of Baptism: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

Church Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**\*\*\*PLEASE PROVIDE A COPY OF THE BAPTISMAL CERTIFICATE  
BEFORE FIRST WEEK OF DECEMBER\*\*\***

**Parent's Information:**

Mother's name: \_\_\_\_\_

First Last

Mother's Maiden last name: \_\_\_\_\_

Father's name: \_\_\_\_\_

First Last

Student lives with: \_\_\_\_\_

Family's mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_