

St. Patrick Catholic Church
SACRAMENT REGISTRATION FORM
FIRST RECONCILIATION & FIRST EUCHARIST

PLEASE PRINT CLEARLY
 All information will be used for church records & certificates.

Student (Child) Information—Child's Full Name (as written on Baptismal Certificate):

First Name _____ Middle _____ Last _____

DOB: ____/____/____ Age: ____ Place of Birth: _____
(MM/DD/YYYY) (Now) (City and State)

Grade in Fall: _____ School Attending in the Fall: _____

CERTIFICATE REQUIRED

You **MUST** attach a copy of your child's Baptismal Certificate if **NOT** baptized at St. Patrick .
BAPTISMAL CERTIFICATE: Certificate from Church where child was Baptized attached: _____
 My child was Baptized at St. Patrick Catholic Church in Canby on ____/____/____
(give exact or at least approximate date)

Father's Legal Name _____ Religion: _____

Mother's Legal Name _____ Religion: _____

Mother's Maiden Name _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone _____

Cell Phone (s): _____

E-mail: _____

Fee Information

First Reconciliation & First Eucharist Fees.....\$40
Please enclose fees with this registration form.

REQUIRED INFORMATION

Please verify that you have included the child's name as it appears on the baptismal certificate, the date of birth, city and state of birth, as well as the parents full legal name. Thank you.

Please return all forms to:

St. Patrick Catholic Church
 PO Box 730
 Canby, Oregon 97013
 503-263-1287—jpatershall@canby.com

OFFICE USE ONLY

Date Received: _____

Baptism Form:

Registration Fee:

	\$ Total Fees Owed
	\$ Amount Paid
	\$ Balance Due

Cash
 Check #: _____