

Registration

First Reconciliation – First Holy Communion – Confirmation (9th Grade)

Child's Full Name: _____

Registering for (check all that applies):

____ First Reconciliation ____ First Holy Communion ____ Confirmation

Place of Birth (City/State): _____

Date of Birth: _____ Age at First Communion: _____

Baptism: Parish _____

City/State _____

Name of Priest _____

Date of Baptism _____

If your child was baptized in a parish other than St. Patrick's, you need to submit a copy of the baptismal certificate to the Parish Office. Proof of baptism must be received no later than December 1st.

Father's Full Name: _____

Mother's Full Name: _____ Maiden Name: _____

Current Address: _____

Home Phone: _____

Email Address: _____

Child's School: _____

Registered Member of St. Patrick Parish: ____ Yes ____ No

Parent/Guardian Signature _____ Date _____

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Office Use Only

Baptismal Certificate in Parish Office: ____ Yes ____ No

Date of First Communion: _____

Parish for First Communion: _____