



Holy Infant Parish
 Religious Education Program
 PO Box 398/34 Third Street
 York Haven, PA 17370
 Phone: 717-266-5286

OFFICE USE:

Baptismal Certificate

FIRST COMMUNION REGISTRATION SHEET 2015-2016

Child's Information:

_____ / _____ / _____
 Last Name First Name Middle Name Date of Birth

_____ / _____ / _____ Place of Baptism _____
 Date of Baptism Catholic Church City/State

Please Note:

- If your child was **baptized in a church other than Holy Infant**, please submit a copy of his/her Baptismal Certificate.
- If your child **was not baptized in a Catholic Church**, please notify the Director of Religious Education.

Family Information:

Family Name: _____ Home phone: _____

Mother's Name: _____ Mother's **Maiden** Name: _____

Father's Name: _____

Mailing Address: _____
 Street City State Zip Code

Mother's Cell #: _____ Father's Cell #: _____

Email Address: _____

**THIS FORM IS DUE ALONG WITH A COPY OF THEIR BAPTISMAL CERTIFICATE
 (IF NECESSARY)**

