

First Reconciliation/First Eucharist Registration

Please Print

Name of child (Full Name) _____

Birth Date: _____ Place: _____

Parents

Father's Name: _____

Mother's Name: _____ Maiden name: _____

Phone: _____ Email: _____

Office use: BAPTISM VERIFICATION _____ DATE: _____

If not in this parish we need a copy of the baptismal certificate:

Our family will participate in the First Reconciliation & First Eucharist Program by
Attending retreats and parent classes.

Date of First communion: _____

Signature

