

2016~Registration Form~2017

FIRST RECONCILIATION & FIRST HOLY COMMUNION

[Multiple surnames in a household are becoming more common. To facilitate keeping Church records, it is essential that you fill in ALL names as requested on this form. Thank you.]

PLEASE PRINT CLEARLY.

CHILD:

Name: _____ M ___ F ___
Last First Middle (no initials)

Address: _____
Street City / State Zip Code

Date of Birth: ____ / ____ / ____ Place of Birth: _____
Month Day Year (City / State)

Date of Baptism:* ____ Church:** _____
Month - Day - Year Name City/State

*For Non-Catholic Baptism: Was your child brought into the Catholic Faith by a priest or deacon? Yes ___ No ___
If Yes, Church: _____ Place: _____ Date: _____

****NOTE: If your child was baptized Catholic or made a Catholic Profession of Faith in a parish OTHER THAN HOLY SPIRIT, please obtain a copy of his/her Baptismal Record and send it to the Religious Education Office.**

FATHER:

Name: _____
Last First Middle (no initials)

Catholic? Y ___ N ___ Registered at Holy Spirit? Y ___ N ___ If Not, where? _____

Address (if different): _____
Street City / State Zip Code

Home Ph. #: _____ Cell Ph. #: _____

E-mail Address: _____

May we call you at work? Yes ___ No ___ If yes, Work #: _____

MOTHER:

Name: _____ MAIDEN NAME: _____
Last First Middle

Catholic? Y ___ N ___ Registered at Holy Spirit? Y ___ N ___ If Not, where? _____

Address (if different from child's): _____
Street City/State/ZIP

Home Ph. #: _____ Cell Ph. #: _____

E-mail Address: _____

May we call you at work? Yes ___ No ___ If yes, Work #: _____