First Reconciliation and First Communion Registration

Confidential

Child's Full Name: _____ Date:_____

Birth Date: _____ Age: _____ Grade: _____

Birth location (City, State) _____

Parish of Baptism: _____

City and State: _____

Date of Baptism: _____

If not baptized at St.Mark or St Matthew, please attach a copy of your child's baptismal certificate

Mother's First & Last (Maiden) Name: _____ Catholic? _____

Father's First & Last Name: _____ Catholic? _____

Address: _____

City: _____ State: _____ Zip Code: _____

Is your family currently registered at St. Matthew or St Mark's Parish? Yes _____ No _____

Does your child attend St Mark's and St. Matthew Classical Catholic School? Yes _____ No _____

Best Parent Phone Number: _____

Best Parent Email: _____

Questions? Please contact Anne Lombard

anne@stmps.org