

First Sacraments  
**Reconciliation–Eucharist Registration 2025**

LAST NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CHILD'S FIRST NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CHILD'S LAST NAME \_\_\_\_\_ BIRTH PLACE \_\_\_\_\_  
(if different)

CHURCH OF BAPTISM \_\_\_\_\_ DENOMINATION \_\_\_\_\_

*Please attach a copy of your child's Baptismal Certificate*

ADDRESS OF CHURCH \_\_\_\_\_  
(Street address) (City, State & Zip)

DATE OF BAPTISM \_\_\_\_\_ (for office use only) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S FIRST NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN/ ZIP CODE \_\_\_\_\_

SCHOOL your child attends \_\_\_\_\_ GRADE \_\_\_\_\_

Is there anything you would like us to know about your child or your family that would enable us to help you better? This will be held in confidence. Use reverse side if necessary.