

REGISTRATION FORM
SACRAMENT OF 1st RECONCILIATION & 1st COMMUNION 2016 - 2017

Date: _____

FIRST COMMUNICANT'S NAME _____

ADDRESS _____

PHONE _____

POSTAL CODE _____

EMAIL ADDRESS _____
(parent's email)

Father's name _____

Mother's name _____ maiden: _____

School Child attends: _____

Birth Date: _____ Place of Birth: _____

Date of Baptism: _____

Church of Baptism: _____

Address of Church: _____

Please choose ONE:

- My child is age 7 or older and is a practicing member of St. Francis of Assisi Parish.
- My child is age 7 or older and is a practicing member of another Roman Catholic Church, _____ but I would like to speak to someone regarding them having the Sacrament of 1st Reconciliation and 1st Communion at St. Francis of Assisi Church.
- My child is age 7 or older and has been baptized into another Christian faith but would like to become Catholic.
- My child is age 7 or older and has not yet been baptized. We would like to speak to someone regarding this.

Signature of Parent

Signature of First Communicant