

FIRST RECONCILIATION AND FIRST COMMUNION REGISTRATION
2020-21

Family Name: _____

Father's Name: _____

Mother's Name: _____

Child's Name: _____

Birthday: _____ Grade: _____

Email address: _____

Mobile phone: _____ Home phone: _____

Date of Baptism: _____ Place of baptism: _____

Address of Church of Baptism: _____

Copy provided of baptismal certificate: Yes or No

Photo Consent: permission for STJ to use photos on social media for church related purposes. Yes or No

Parent signature: _____

Allergies or Special information in regards to child: _____