First Reconciliation and First Communion Preparation
St. Patrick Parish

CHILD'S FIRST NAME _____
First Middle Last

MAILING ADDRESS _____
(P.O. Box or Street)

CITY/STATE/ZIP _____

HOME PHONE_____CELL_____CELL_____

PARENT'S EMAIL ADDRESS_____

SCHOOL that the child will attend for Second Grade _____

RELIGIOUS EDUCATION EXPERIENCE _____
(ie: Catholic school, Family Based Catechesis Program, Catechesis of the Good Shepherd)

PARENTS Father's name_____
Father's address (if different from above)

_____

Work/Cell number_____

Mother's name _____
Please include maiden name

Mother's address (if different from above)

_____

Work/Cell number_____

CHILD'S PLACE OF BIRTH _____
(city) (state)

CHILD'S DATE OF BIRTH_____

CHILD'S CHURCH OF BAPTISM_____

CITY/STATE of CHURCH of CHILD'S BAPTISM_____

DATE of CHILD'S BAPTISM _____
(month) (day) (year)

----------**FOR OFFICE USE**----------

BAPTISMAL CERTIFICATE REQUESTED_____
BAPTISM AT ST. PATRICK VERIFIED_____
CHURCH OF BAPTISM NOTIFIED_____
REGISTRY COMPLETED_____